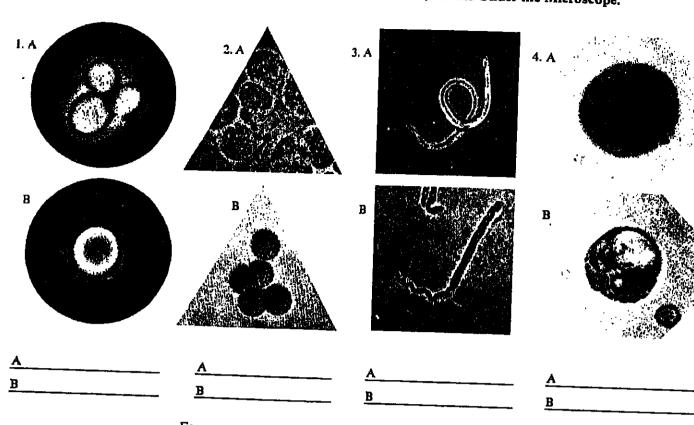
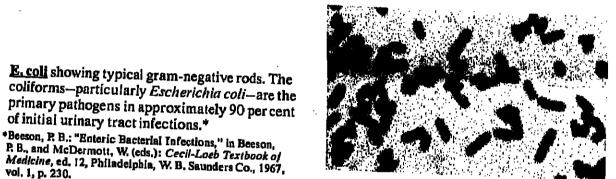
Puzzling Pairs

Can you identify these look-alike findings in urinary sediment? Spaces are provided below for your answers. One of a series of quizzes based on Roche's handbook, "Urine Under the Microscope."



For correct answers and identifying clues, see bottom of page.

No Puzzle Here



mation, a summary of which follows

Indications: Acute, recurrent or chronic nonobstructed urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms. Note: Carefully co-ordinate in vitro sulfonamide sensitivity tests with bucteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections, Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two

Warnings: Safety during pregnancy has not been estab-lished. Sulfonamides should not be used for group A betahemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under alx with chronic

Precautions: Use cautiously in patients with impaired renal recurrent cystifis and pyclonephritis, when due to or hepatic function, severe allergy, bronchial asthma; in susceptible organisms: Gantanol Tablets or pleasglucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation. Adverse Reactions: Blood dyscrasias (agranulocytosis, Adverse Rescuents of the discretified and a second a seco

eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and selecal injection, photoitization, arthraigia and allergic myocarditis); *gastro*intestinal reactions (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, panereatitis and stomatitis); CNS reactions (headache, peripheral neuritis, mental depression, convuisions, ataxia, ballucinations, tinnitus, verigo and insomnia); miscellaneous reactions (drug fever, chills, toxic nephrosis with oliguria and anuria, perlarteritis nodosa and L.B. phenomenon). Due to certain chemical similarities with some goltrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of golter production, diuresis and hypogly-comia as well as thyroid malignancies in rats following longterm administration. Cross-sensitivity with these agents may

Dosage: Systemic sulfonamides are contraindicated in infanis under 2 months of age (except adjunctively with pyrlmethamine in congenital toxoplasmosis). Usual adult dosage: 2 Om (4 tabs or teasp.) initially, then I Gm b.l.d. or t.l.d. depending on severity of infection.

Usual child's dosage: 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs b.l.d. Maximum dose should not exceed 75 mg/kg/24 hrs. supplied: Tablets, 0.5 Gm sulfamethoxazole; Suspension,

Correct answers to "Puzzling Pairs" quiz. 1. (A) Candida albicans. Note budding and variation in size of daughter spores.

(B) RBC. Note central portion representing characteristic concavity of RBC. 2. (A) Polymorphonuclear leucocytes. Note partially ob-

ited nucleus and irregular granules (B) Ragweed. Note geometric knobby protrusions of the ragweed particle.

3. (A) Necator americanus (larval form). Note distinc tive head and details of internal organs.

(B) Convoluted cast. Note diffuse fine granular appearance throughout and corkscrew shape of terminal

4. (A) Bniamoeba histolytica. Note chromatoidal bodies. (B) Histocyte. Note phagocytic vacuoles.

In nonobstructed cystitis due to susceptible organisms

Gantanol (sulfamethoxazole) B.I.D. Basic Therapy (ROCHE) ROCHE POLY ROCHE INC. NUTION, N.J. 07110

Medical Tribune

and Medical News —

A B Vol. 14, No. 27

world news of medicine and its practice-fast, accurate, complete

Wednesday, July 18, 1973

Hydrocephalus: Cranial Wrap Provides Hope



An elastic bandage system to limit skull expansion in nine human infants with hydrocephalus (demonstrated above) has been used by Dr. Gerald M. Hochwald and Dr. Fred Epstein (below left to right), of New York University Medical Center.



Medical Tribune Report New York-A nonsurgical method of arresting neonatal hydrocephalus-compressive cranial bandaging-has been de-

veloped at the New York University Medical Center. As a result of observations in mature cals with induced hydrocephalus, Drs. Gerald M. Hochwald, Associate Professor of Neurology, and Fred Epstein, Assistant Professor of Neurosurgery, hypothesized Continued on page 18

INSIDE THIS ISSUE

- Psychiatrists blast raids by Feds, see growing threat to confidentialitypg. 3.
- New URI vaccine: Chicago team reports promising results against Type 1 strep infectionpg. 7.
- Cancer hazard: investigators find new risk to mer in chemical industry

Complete index, pg. 2

Chronic Urticaria Tied to Inability To Tolerate Foods

New York-Chronic urticaria is not just a skin disease-it is the skin manifestation of a disease resulting from a wide range of intolerance to frequently consumed foods, according to Dr. I-Tsu Chao of Brooklyn, who detailed here a study of 43 patients with intractable urticaria that persisted for periods from one to 35 years.

The study made use of a long-term daily food and symptom diary of the patients, with records kept continuously until the hives were cleared up, prevented, or induced repeatedly at will, he said.

In addition to their urticaria, it was found that all the patients suffered multiple chronic symptoms in various combinations affecting systems other than the skin, Dr. Chao told the Section on Allergy Continued on page 23

IMMATERIA MEDICA

(Wearing a pith helmet, carrying a compass, and equipped with a pocketful of sharp pencils, the editor of Immateria Medica ventured out of his protected burrow for an exploratory inspection tour of the American Medical Association's annual convention, billed as "Confluence '73." Herewith his astonished report.)

confluence (kin/dio-lan; 242), s. [LL. confluentia.]

1. Act of flowing together; the meeting of function of two or more streams; also, the place of meeting.

New York stood at the scaphease of two issues. Beaucoft.

2. The stream or body formed by the function of two or more streams; a combined flood.

3. Act of running, docking, or coming together, or of meeting and crowding in a place; hence, a croad.

You see this confluence, this great flood of visions. Shak.

The confluence, of all true post.

4. Assimilation of the written of stooken form of a word to that of a similar word; as, cround, a violin, formerly crouth.

5. Math. The confluence of two or more singular points

 The only actual confluence we encountered at the A.M.A. convention in the Coliseum was a paranoia-producing one at a booth entitled "Neurotic Depressive Reaction . . . Effective Management Programs on a Community Basis" in the Section on Psychiatry. As we passed the booth we happened to discover its ex-Continued on page 26

Medicare for Kidney Grafts: Cautious Approval Is Voiced

Washington-The Government's decision to let medicare pay for hemodialysis or a kidney transplant, regardless of the patient's age, has met with cautious

A.M.A. Delegates **Drawn Into Debate** On 'Vigor of Youth'



At the 122nd annual A.M.A. convention, the House of Delegates and its leaders (above) were told by Dr. Eugene S. Ogrod (below) that they could not turn down council participation by young doctors



Medical Tribune Report

New York-The American Medical Association, which for several years has enticed interns and residents into its policymaking apparatus in an effort to show responsiveness to new ideas, flirted here with the risk of allenating the youth of medicine-but then backed down, probably before any permanent damage was

The issue came up in the House of Delegates at the 122nd annual A.M.A. convention, in the form of a recommendation designed to put an intern or resident on each of the delegates' two main policyformulating councils.

One intern or resident added to the Council on Medical Education and the Council on Medical Service would raise their respective memberships to 11 and 10. And it would only cost the A.M.A. \$3,300 more per year in expense accounts, the recommendation carefully noted in obeisance to the organization's current campaign for "fiscal restraint."

But some of the 244 delegates saw the idea of a special seat on each council for interns and residents as a dangerous precedent. It might, a New Yorker said, open up the councils to special seating claims by "other groups" whose menace he left unspecified. The councils traditionally have got their members by election of nominees drawn from the membership at large. However, in years past, the con-Continued on page 23

approval from leading experts.

A MEDICAL TRIBUNE spot check found authorities agreeing that the new interim regulations are a step forward in making treatment available to the chronic kidney patient. But some investigators wondered what will happen in the grist mill of regulations once the program gets under way.

"In terms of what they will do for the patient, the principle, the regulations are fine," declared Dr. Donald E. Oken, Associate Professor of Medicine at Harvard Medical School. "In terms of actual fine detail, we don't have all the information

The changes, commented Dr. Samuel L Kountz, Professor of Surgery and chairman of the department at the State University of New York, Downstate Medical Center, "represent a lot of thoughtful foresight by Social Security.'

"My own prejudiced view is that the patient's best chance for a transplant-what I've called the 'golden moment' for trans-plantation-is before he goes on dialysis, if he has a living donor. I think dialysis makes it very difficult to transplant."

Dr. Eli A. Friedman, Professor of

Medicine at the same institution, remarked that Social Security's "willingness to pay without delay will foster correct medical thinking free from the constraints of the dollar."

Designed as Guide to Benefits

The interim regulations, issued here by the Department of Health, Education, and Welfare, are designed as a guide to administering the chronic kidney disease benefits provided in the 1972 amendments to the Social Security Act, which President Nixon signed last October.

"These amendments mark the first time that Medicare has been utilized to pay the cost of health care for persons other than the elderly," commented Dr. Charles C. Edwards, Assistant Secretary for Health. Further, "kidney disease treatment is the first Medicare benefit to be based on a specific diagnosis."

Benefits will include coverage of the Continued on page 18

How Many Will Possibly Benefit? Transplant total 1953 to May 1, 1973 **Total Transplant**

On Diglysis, estimated 7,498 Dec, 31,1972

of initial urinary tract infections.*

*Beeson, P. B.: "Enteric Bacterial Infections," in Beeson,

For prompt antibacterial levels in blood and

2 to 3 hours after initial 2-Gm adult dose.

P. B., and McDermott, W. (eds.): Cecil-Loeb Textbook of Medicine, ed. 12, Philadelphia, W. B. Saunders Co., 1967,

urine: Effective antibacterial levels of Gantanol

When susceptible urinary bacterial invaders are

nephritis, Gantanol (sulfamethoxazole) is a logi-

cal choice. It controls susceptible E. coli, the most

Klebsiella-Aerobacter, Staph. aureus and Proteus

For around-the-clock coverage: Each subsequent

night, when urinary retention favors bacterial pro-

1-Gm dose offers up to 12 hours of antibacterial

activity. This is especially important during the

For efficacy in nonobstructed acute, chronic and

ant-testing Suspension can provide your patients

need. However, the usual precautions in sulfona-

maintenance of adequate fluid intake, frequent

c.b.c.'s and urinalyses with microscopic exami-

nation. Common side effects include nausea,

vomiting and diarrhea. (It should also be noted

that the increasing frequency of resistant orga-

agents including sulforamides, especially in

chronic or recurrent u.t.i.)

nisms is a limitation of usefulness of antibacterial

with the dependable antibacterial action they

mide therapy should be observed, including

liferation. A t.i.d. dosage schedule is recom-

mended for more severe infections.

common pathogen in acute urinary tract infec-

tions, and is also highly effective against other

susceptible bacteria most often implicated:

identified in nonobstructed cystitis and pyelo-

in both blood and urine are established in from

in 1972

Medical Tribune World Service

JERUSALEM-A 10-year British study of transsexualism has found that the problem affects more men than women and is more prevalent in cities than in rural areas and that women appear to adapt more readily to it than men.

The investigators told the International Congress on Social Psychiatry here that in Britain, as against the United States, transsexualism is seen more frequently in the lower of the five generally recognized social classifications.

The findings, based on studies at Manchester Royal Infirmary, were reported by Drs. J. Hoenig, Professor of Psychiatry, Memorial Hospital, St. John's, Newfoundland, and J. Kenna, University of Manchester, England.

Real Sample Not Feasible

The physicians noted that epidemiologic investigation of transsexualism poses unusual difficulties because a real population sample is not feasible and studies must rely on case selection. This creates a second difficulty, they said, because patients, although more or less lifelong sufferers, do not readily come forward for help.

"Many transsexuals are quite secretive about their predicament," the investigators said. "We know this from various press notices which report surprising findings at postmortem. Persons who had for a lifetime been taken by everyone who knew them to be of one sex suddenly and quite unexpectedly were found to be of the other.

"As the 'hidden part of the iceberg' remains inaccessible, we do not know its extent, nor do we know the factors which operate in the selection of those who come forward or of those who remain secre-

Other difficulties, Drs. Hoenig and Kenna said, are that the syndrome is still relatively unknown among doctors, who may fail to diagnose it even when approached by such patients, while some

Hospital Staffs 3 to 6 Times As Vulnerable to Hepatitis

Medical Tribune World Service GENEVA, SWITZERLAND-Medical and ancillary hospital staff contract hepatitis three to six times more often than workers

Few units that practice hemodialysis or transplantation have escaped outbreaks of viral hepatitis, it said.

In Europe the proportion of patients suffering from clinical hepatitis rose slowly from 4.7 per cent in 1966 to 9.2 per cent in 1971, the report stated. Over the same period the number of staff cases increased from 26 to 402, "presumably in parallel with the increasing number of dialysis

NEWS INDEX

Medicine: pgs. 1, 2, 3, 6, 7, 9, 10, 11, 15, 19

Hypertension appears to be "the most potent single contributor" to the risk of

M protein vaccino apparently gives protection against an upper respiratory type 1 streptococcal infection7 New Industrial hazard that increases the risk of lung cancer is found in

chemical manufacture plants 10 Alpha adrenergic blocking agent cuts cerebrovascular insufficiency in sub-

Model Medical System in Remote Swedish Town



The 35,000 residents of Kiruna (winter scene, above) are served by 20 doctors in this remote mining town in northern Sweden in a much envied model medical system founded on extensive use of technology, efficient communications, and a sophisticated system of referrals. The area has its own 224-bed county-owned hospital, but patients with difficult problems are referred to larger facilities such as university hospital at Umea (r.).



Head, Neck Cancer Study

Shows Survival Increased

By Use of Chemotherapy

VENICE, ITALY—A study of 145 patients

with head and neck cancer showed that

intra-arterial chemotherapy with metho-

trexate followed by radiotherapy led to

an improvement in the survival rate, ac-

cording to Dr. Carlo Nervi, of the Tumor

Institute in Rome's Regina Elena Hospital

"Of all patients, 55 per cent were line

of disease after four years, compared with

40 per cent without evidence of cancer

when treated with radiotherapy alone," be

told the 10th World Congress of Otorbine

laryngology here. "Results were better in

intraoral cancer, less good in paranani

Discussing a group of cases of meta-

static neck lymph nodes in intraoral can-

cer. Dr. Nervi said that at the end of the

treatment 39 patients were classified as

stage 1 and 2 of the disease, in comparison

tained in all cases except one, but regres-

sion in palpable lymph nodes was less

Coauthors were Drs. A. Perrino, M.

Cortese, A. Casale, and V. Valente.

New Water Test Measures

Medical Tribune World Service

Dullin—A new and simple test of nerve

function in the hand has been devised at

St. Vincent's Hospital here, Dr. Seamus

O'Riain told a meeting of the Royal Col-

Nerve Function of Hand

"Some shrinkage of the primary was ob-

sinuses or masal cavity lesions."

with 28 before chemotherapy.

favorabie" he said.

Medical Tribune World Service

Africa Reported Too Dependent on Foreign Training

Medical Tribune World Service

NAIROBI-Many African doctors are still influenced by colonial attitudes and undervalue medical qualifications oba senior lecturer in medicine at Makerere University, Kampala, said here.

Dr. B. R. Kanyerezi, who was speaking at a meeting of the Association of Medical Schools in Africa, noted that

African doctors are still being sent abroad to study tropical medicine.

He called on medical schools in Africa to work, in collaboration with their tained outside Europe or North America, ministries of health, to develop realistic methods of training specialists. He stressed that the training programs and designation of qualifications might be different from, but not inferior to, those in Europe and America.

doctors wrongly believe transsexualism to be just a variant of homosexuality or trans-

The British team restricted its study to the catchment area of the Manchester Regional Hospital Board. Only patients who had lived in the region at least since school days were included. Students, show-busipeople, catering-industry workers, and others who might be regarded as transients were excluded.

Using this definition of residence, in the years 1958-68 the investigators saw 53 patients over 15 years of age, 41 men and 12

Age distribution showed that 73 per cent of the patients (83 per cent of the women) were received into the clinic before the age of 30. There were a few in the 50-59 age group.

The over-all prevalence rate in the region was 1.51 transsexuals per 100,000 population. There were 2.51 males but only 0.64 female, or one male transsexual in 40,000 of the male population as

against only one female transsexual to

154,000 females. Listing the area outside the cities of Manchester/Salford as "rural," the authors found that the prevalence rate was: cities, 2.51 transsexuals per 100,000 population; rural, 0.51.

Large Proportion Unemployed

In the social groupings, transsexuals were "very much overrepresented" in classes 4 and 5, and a large proportion were unemployed.

Drs. Hoenig and Kenna suggest that the reponderance of classes 4 and 5 may be because of Britain's National Health Service, with class 1 and 2 patients preferring to go to private practitioners.

"The high unemployment figures among transsexuals," they commented, "underline once more the socially disturbing nature of this condition. It is all the more striking to find that the females, particularly those living in cities, are less

in other fields, according to a report by a Students' Suicides Related to Fathers' Education

bosis] be made early. . . . If the condition is anticipated and recognized, the diagnosis

membrane in mario-depressive ills.....15 bypass are recommended11

may be confirmed promptly." (Dr. Abraham Towbin, page 19.)

Medical Tribune World Service Tokyo-Japanese students whose fathers

were college graduates show a higher suicide rate than other students, according to a survey at Kyoto University. Between 1956 and 1971 a total of 80

students of the university killed them-

After excluding five on whom complete maining cases and 75 other students, se-

Prophylactic chemotherapy of molar

pregnancy is used in the management

Pediatrics: pgs. 1, 11, 17, 19

Psychiatry: pgs. 2, 3, 15

Family therapy is reported successful in

the treatment of anorexia nervosa in

"Membrane-transport hypothesis" im-

plicates genetic defect of neuronal

of trophoblastic disease9

Ob/Gyn: pgs. 3, 7, 9

lected at random, who had never attempted suicide. It was found that 59 per cent of the fathers of the suicides had had a college education against 36 per cent in

The investigators commented that the CLINICAL NEWS NOTE: "It is imperative that the diagnosis [of cerebral venous throm-

Research: pgs. 1, 15

Surgery: pgs. 1, 2, 7, 8, 11

Human respiratory system is found

more vulnerable to virus infection at

Renal transplants in children with con-

Smaller pores in blood filters that are

used to prevent microembolic damage

to the brain after cardiac pulmonary

lege of Surgeons, Ireland. Over the past two years, patients have been tested for sensation by having their hands immersed in warm water at approxithe control group. mately 40° C. for 30 minutes and then being observed for the normal shriveling

results contradict the belief that the less educated the father, the more likely the child is to commit suicide if he fails to data were not available, the investigators live up to expectations. No major differconducted a comparative study of the re-

FEATUREINDEX

of the skin of the fingers. It was noted that

denervated skin does not wrinkle but re-

The method appeared to yield con-

sistently reliable results delineating areas

of skin denervation, Dr. O'Riain said.

mains smooth.

Surgical Notes
Therapeutic Briefs Pediatric Progress Pediatric Progress
Editorials
Letters to Tribune
One Man and Medicine
Editorial Capsules
Current Opinion
Medicine on Stamps Sports Report Immateria Medica

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practical experience should be part of both graduate and undergraduate work. As to prescribing drugs, 77 per cent said

less in the word of other physicians (30

per cent), and still less for the A.M.A.

In further descending order came FDA

notices (18 per cent), package inserts (17

per cent), detail men (11 per cent), ad-

and direct mail promotion by drug com-

panies (1 per cent.)

vertising in medical journals (2 per cent),

How much authority should third-party

intermediaries, whether private or Fed-

eral, have in review of professional serv-

ices? No authority, said more than half

of the respondents to all categories except

"utilization of inpatient services" and

"hospital rates." For those the "no" was

Drug Evaluation Book (20 per cent).

they did so "frequently," 13 per cent "occasionally," 8 per cent "rarely," and hardly 3 per cent "never." When they concoded "marked influence" in their prescribing, the clout was much with the Physician's Desk Reference (37 per cent),

Indeed, almost exactly 10 per cent said they "never" accept assignments under Medicare. Why they don't is not revealed by the poll. Thirty-two per cent "frequently" accept Medicare assignments, and nearly 40 per cent of those are satis-

Polled on Decision Making

halation therapy or electromyography.

But in the matter of implementing or

gram, such as a preceptorship, should be

Soint Declaration By Psychiatrists Blasts Office Raid

Association and the American Psychoanalytic Association have issued a joint condemnation of the threat to patient-physiclan confidentiality raised by the raid on

"We are unalterably opposed to the misappropriation of information intended for the physician only . . . any intrusion into such a confidential relationship is totally unacceptable because of the extremely personal and sensitive nature of the communication," the associations stated.

"Areas of Threat" Enumerated

In an unprecedented joint press conferof threat have in-

"There is also grave concern," Dr. Freedman added, "about problems which

insurance, or peer review."

Dr. Burness B. Moore, president of the psychoanalytic association, announced that his organization will seek its mem-bers views on confidentiality and prepare guidelines on the subject.

A.M.A. Polls Self, Agrees With Policy

New YORK-The American Medical Association has polled itself for the second time in two years to find out its "opinions on critical issues in health care." Not surprisingly, it finds itself largely in agreement with stated policies of the organiza-

Of considerable interest, however, are some of the minority opinions from the membership. With 96,950 members responding (52.1 per cent of the total). even a 10 per cent opinion represents the thought of nearly 9,700 physicians.

fled with the amounts they're paid.

When it comes to primary responsibility for decision making in hospitals, majorities ranging from 64 to 94 per cent thought that the medical staff should propose or initiate such programs as medical staff appointments, residencies, purchase of capiislitems of a medical nature, selection of drugs for the hospital formulary, and the like. Only 42 per cent thought the medical staff should initiate such actions as contracts for professional services-e.g., in-

executing these same programs, the respondents were less strong for medical staff action, ranging from 52 to 68 per cent. In fact, the "purchase of capital items" plummeted to 17 per cent for the medical staff to do it, compared with 64 per cent for the medical staff to propose it.

In education, 71 per cent of respondents thought that an office practice pro-

Medical Tribune Report

New York-The American Psychlatric the office of Daniel Ellsberg's psychiatrist.

"Disclosure threatens the therapy and well-being of the patient. In particular, we strongly protest the use of such information to discredit an individual or to influence the political process."

ence that the two groups held here, Dr. Alfred M. Preedman, president of the Psychiatric association, warned that "areas where psychiatrists were ordered to testify in regard to confidential communications, complete records being demanded by governmental agencies, full revelation of psychiatric care being required for employment, photographs and names of individ-uals in methadone maintenance programs being demanded by law enforcement officials, and more."

have arisen or are expected to arise in regard to third-party payments in current insurance programs, future national health

a requirement of medical training. And cent, respectively. Replies of "partial 50 per cent of all respondents thought the authority" ran generally in the 40s for all categories except "physicians' fees" (31 per cent) and hospital rates (56 per cent.)

And then there was the only question that also appeared on the 1972 survey: If a compulsory nationalized health service were adopted by Congress in the near future, which of the following courses of action would you choose?

21% Would Join Up

Twenty-one per cent said they'd join it and continue to practice (in 1972 it was 25 per cent). Nine per cent would switch to a university hospital, industry, or a clinic (before, it was 12 per cent). The same 28 per cent this year said they'd care for patients who would pay their private fee. The same 7 per cent said they'd quit practice. But 33 per cent this year said they had not decided or did not want to say; last year only 22 per cent took that stand.

The polls got started by mandate of the A.M.A. House of Delegates, which had spent years trying to override the objections of the trustees and officers to finding less resounding, at 48 per cent and 35 per out what the members really thought.

Old Sanger Clinic Closes



Number 17 West 16th Street is one of the two New York brownstones that the Margaret Sanger Research Bureau, the nation's oldest family-planning clinic, will be closing this summer. Marking its 50th year, the agency will consolidate services with Planned Parenthood in a new center.







IN PSYCHOLOGIC SUFFERING

Excessive anxiety is generally recognized as a distressing emotional experience and is frequently present in some neurotic states. Excessive anxiety, untreated, can often become chronic, sometimes inhibiting effective action and self-realization. By relieving the patient's excessive, disabling anxiety, the physician can help the patient diminish his maladaptive behavior and confront his life problems more effectively.

IN DISTURBED PHYSICAL FUNCTION

Pronounced anxiety can affect virtually every body system according to the individual pattern of response. Thus, anxiety can lead to a variety of psychophysiologic sequelae such as tachycardia, muscular spasm, sweating, gastrointestinal disturbances and others.

In organic disorders, the patient's excessive anxiety may exacerbate organic symptoms and adversely affect the course and management of the condition; e.g., in angina pectoris, hypertension and duodenal ulcer. Atten-

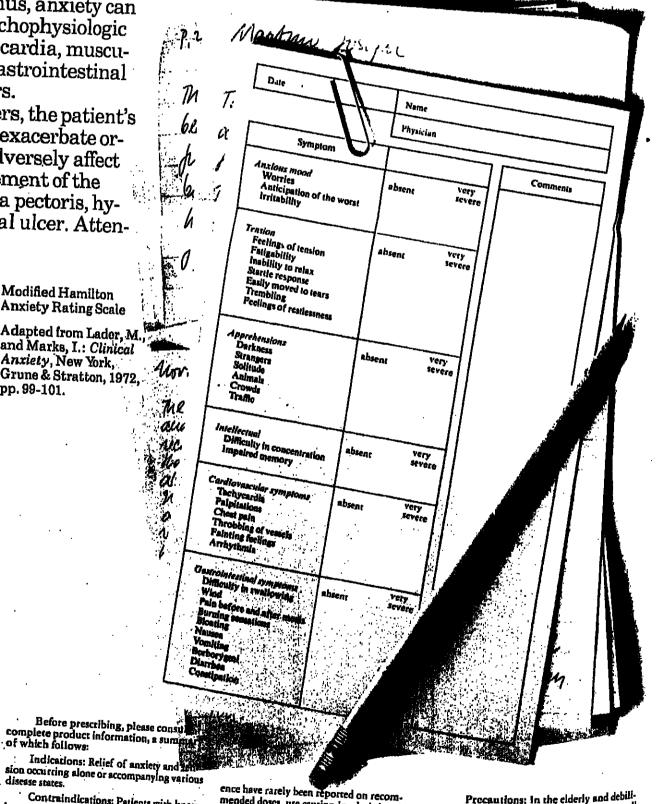
> Modified Hamilton Anxiety Rating Scale

Adapted from Lader, M. and Marks, I.: Clinical Anxiety, New York, Grune & Stratton, 1972.

tion to excessive anxiety and emotional tension thus becomes a vital part of effective total management of the patient.

IN DISRUPTED PRODUCTIVITY AND PERFORMANCE

While a reasonable amount of anxiety is a motivating, alerting force, the deleterious effects of disproportionate anxiety on performance in any activity calling for concentration and sustained effort are well known. Often, it is the disturbing effect of anxiety on work productivity that brings the patient to the physician. Mounting anxiety, unrelieved, may impair both mental and physical performance.

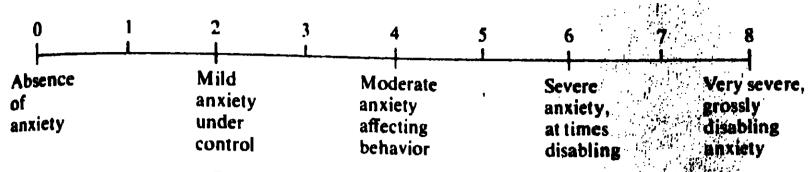


Contraindications; Patients with known hypersensitivity to the drug.

Warnings: Caution patients about pos-sible combined effects with alcohol and other. CNS depressants. As with all CNS acting drugs, causion patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological depend-

mended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontin-uation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drups such as MAO inhibitors



Typical linear scale for observer rating of anxiety

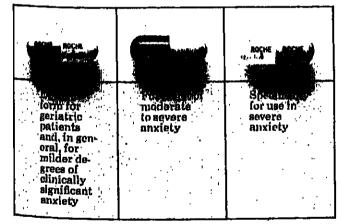
Librium (chlordiazepoxide HCl) is thoroughly established as a dependable agent for the prompt relief of excessive anxiety and emotional tension; usually it does not impair mental acuity or ability to perform, when used in proper dosage. (See Warnings in summary of product information.) Librium may be employed as an adjunct to nonpharmacologic measures - such as reassurance and counseling - when the latter are insufficient to achieve the desired therapeutic response.

In addition to its value as the primary medication in relieving emotional states characterized by disproportionate anxiety, appre-

hension or emotional tension, Librium (chlordiazepoxide HCl) is also given concomitantly in organic and functional disorders with certain specific medications of other classes of drugs, such as cardiac glycosides, diuretics and antihypertensives, when anxiety is clinically

Recognized as among the safest of antianxiety agents, Librium rarely has to be discontinued because of adverse effects. (See summary of product information.) When clinically significant anxiety has been reduced to appropriate levels, Librium should be discontinued.

THE EFFECTIVENESS OF LIBRIUM (chlordiazepoxide HCI) CAN MAKE AN IMPORTANT THERAPEUTIC DIFFERENCE



FOR MODERATE TO SEVERE CLINICALLY SIGNIFICANT ANXIETY

LIBRIUM® (chlordiazepoxide HCl)

5-mg, 10-mg, 25-mg capsules b.i.d./t.i.d./q.i.d.

and phenothiazines. Observe usual precautions in presence of impaired tenal or hepatic func-tion, Paradoxical reactions (e.g., excitement, mulation and acute rage) have been re-Ported in psychiatric patients and hyperactive aggressive children. Employ usual precautions treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients

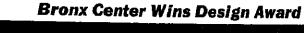
receiving the drug and oral anticoagulants; causal relationship has not been established Adverse Reactions: Drowsiness, ataxia

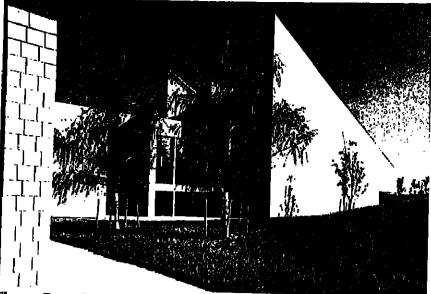
and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment but are also occasionally observed at the lower ally observed at the lower dusage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema,

minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, in-creased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agran-ulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making peri-odic blood counts and liver function tests advisable during protracted therapy.

Supplied: Librium® Capsules containing 5 mg, 10 mg or 25 mg chlordiazepoxide HCl. Libritabs® Tablets containing 5 mg, 10 mg or 25 mg chlordiazepoxide.







The new Bronz State Hospital Rehabilitation Center, designed by Gruzen and Partners for the New York State Health and Mental Hygiene Facilities Improvement Corporation, is the winner of a 1973 Bard Award for excellence in architecture and urban design presented by the City Club of New York.

Most Potent Cause of Stroke Appears to Be Hypertension

year-old Framingham study grows older and the National Heart and Lung Instiand more and more evidence is being actute are collaborating in the study. quired about stroke and its causes, hypertension is emerging as "the most potent single contributor" to the risk of brain infarction, the American Academy of Neurology was told here.

The finding emerged in an ongoing study to develop a profile of the stroke-

Cover-Up of Alcoholism, Drug Abuse in Industry Charged to Physicians

Medicai Tribune World Service

MONTREAL-The medical profession in general, and company doctors in particular, tend to cover up cases of alcoholism, drug abuse, and emotional iliness, an industrial physician charged

"Such problems are poorly recognized, treated, and reported," Dr. Robert J. Hilker, medical director of the Illinois Bell Telephone Company, told a meeting of the Health Assurance Association of America.

He said that last year his company, with 45,000 employees, had 5,798 disability cases. Of these fewer than 12 were acknowledged to be due to alcoholism or drug abuse.

"The public is paying for alcoholism by whatever medical cover-up the com-pany doctor assigns," said Dr. Hilker. "Such covering up by industry continues to contribute to the destruction of the alcoholic and to perpetuate alcobolism's awful cost."

Emotional problems are not only disruptive in themselves, but apt to lead to a shift into alcoholism or drug abuse, he said. Yet his department found emotionally ill patients hospitalized with such diagnoses as "gastritis," "mucou colitis," and "tension headaches."

"Emotional problems," he said "have created a constant level of inefficiency in our company, costing us an incredible amount of money. The hidden costs of poor work performance are almost impossible to measure."

prone individual, reported Dr. Phillip A Boston-As the population in the 18- Wolf, of Boston University, Boston U.

> To date, Dr. Wolf said, 196 strokes have occurred in the Framingham study group. More than one-half were secondary to occlusive arterial disease.

> He noted that, contrary to coronary heart disense, stroke afflicts men and women equally; in fact, of the 196 victims, exactly half were men and half

"Hypertension is the most potent single contributor to the risk of brain infarction," the Boston physician said. "The risk rises as blood pressure rises in both sexes and in all age groups."

Elevated serum cholesterol, cigarette smoking, diabetes, and ECG evidence of left-ventricular hypertrophy are also important parts of the stroke-prone profile, he stated.

"In both sexes, more than half the cases of atherothrombotic brain infarction fall into the 10 per cent of the population who are at risk because they exhibit these fac-tors," Dr. Wolf said,

Infarct Easier to Classify

It is easier to correctly classify cases of cerebral infarction on the basis of risk factors than cases of coronary heart disease or intermittent claudication, he ob-

The risk of having a brain infarction can vary from one per 1,000 to 36 per 1,000, he said. In the absence of other abnormalities than high blood pressure, the risk is six per 1,000; when all the other risk factors are present, the probability is increased sixfold, according to Framingham study findings.

"The striking impact of the other risk factors may explain why high blood pressure is tolerated better by some individuals than by others," Dr. Wolf commented.

"Those in greatest jeopardy of stroke can be identified prior to the event," Dr. concluded. "Intervention is indicated, particularly vigorous and sustained control of hypertension."

Dr. Wolf's coauthors were Dr. Thomas R. Dawber, also of the Boston University School of Medicine, and Drs. William B. Kannel and Tabia Gordon, of the National Heart and Lung Institute.

Tay-Sachs Found in 1/15 of Jews in Sample

a sample of Chicago's Jewish population has been identified as a carrier of Tay-Sachs disease, in the first year of a pilot screening program.

Dr. George F. Smith of Loyola Univer-

CHICAGO—One out of 15 persons tested in the 300 persons screened, is twice the naing the study, said that this rate, among tional average among lews.

"It is a small sample of the 300,000 Jews in Chicago," he commented, "and our first-year results probably reflect some bias-that is, those who have carriers of sity, who heads the genetics team conduct. Tay-Sachs as relatives sought us out."

Roche Image examines the concepts and discoveries that will shape tomorrow's medicine

Allergoids promise to change allergy treatment

Johns Hopkins investigators compare allergen derivatives with aqueous extracts in test for hay fever treatment.

Sinuous search in the lung

Memory matrix of immune response

What makes turista run?



MEMORY MATRIX OF IMMUNE NEWFOMBERS (WHAT MANCE TURISTA RUNT (1922) FEBROPTIC SERRON IN THE LUNG 1781)

> next week in Medical Tribune

New Vaccine Promising for Upper Respiratory Infection transplants showed the typical clinical fea-

Medical Tribune Report

SAN FRANCISCO-An alum-precipitated cell surface M protein vaccine apparently gives protection against an upper respiratory type 1 streptococcal infection, a preliminary double-blind study has shown.

Eugene N. Fox, Ph.D., of Chicago re-

ported here that only one of 19 volunteers who received the M protein vaccine became ill after being infected by a virulent strain of type 1 streptococci, while nine of 19 controls became ill.

He told the Society for Pediatric Research that the vaccine caused no local or systemic reactions and there was no evidence of any risk from the vaccine.

Large-scale field trials with infants and children will be the ultimate test, he added. The tests were carried out on healthy males with no known heart, kidney, or allergic skin problems. They were given subcutaneous injections of the vaccine in three monthly doses. At the same time, another group of healthy males were given

injections of placebo. The two groups, along with six additional subjects who received neither vaccine nor placebo, were challenged 30 to 40 days after the last injection with a "reverse throat culture"-a swab containing virulent streptococci type 1 placed on

Rated by Symptom Severity

They were then assessed according to the severity of a variety of possible symptoms, including fever, white blood cell count, throat culture, pharyngitis, and

The rating system showed that the placebo patients scored an average of 13.3 ymptom points, compared with 4.7 points for the vaccine patients.

Patients who rated above 13 points had clinical illness. One patient who received the vaccine was ill, and nine of those who received the placeho were ill. Four of the six who received neither became ill. A positive throat culture, exudative pharyngitis or tonsillitis, and cervical adenopathy were the most significant symptoms, Dr. Fox noted.

The study suggested that the vaccine did "afford a considerable measure of protection against upper respiratory infection," he concluded

Drs. Robert H. Waldman, Masako K. Wittner, and Albert Dorfman collaborated with Dr. Fox. They are from La Rabida-University of Chicago Institute, the University of Chicago, and the University of

Renal Transplants May Increase Survival in Nephrotic Syndrome

From University of Minnesota

Survival in congenital nephrotic syndrome apparently is possible through renal transplantation, a University of Minnesota physician reported here.

Dr. John R. Hoyer said that transplantation proved successful in four children with the syndrome, which had caused symptoms within the first three months of ife and was resistant to other modes of

He noted that congenital nephrotic syndrome, characterized by massive proteinuria, severe growth failure, malnutrition, progressive renal insufficiency, has been uniformly fatal.

The four patients who received the



Even though the syndrome is autosomal child followed for 14 months shows a recessive, there seemed to be no contra- growth of 4 inches. indication to using familial donors, so three of the four patients received kidneys from a parent, Dr. Hoyer said.

Two and a half to 14 months after transplantation, all appear well, have nor-They were managed with intensive diuretic therapy for periods of up to two mal serum creatinine levels, and have not years, without side effects, and were also had recurrence of nephrotic syndromes given specific antibiotic therapy for infec-

All have improved in their growth. The

or significant proteinuria, he reported.

nephrotic syndrome within the first few weeks after renal transplantation.

Drs. S. Michael Mauer, Richard L. Simmons, Alfred F. Michael, John S. Najarian, and Robert L. Vernier were coauthors.

'Preemies' Decline; Liberal Abortion Credited

tures within the first two months of life,

Dr. Hover related. All resisted courses of

corticosteroids and showed severe growth

failure. They were supported until they

were 15 pounds before being subjected to

SAN FRANCISCO-Liberalization of the New York State abortion law has led to a sharp decline in the number of immature and premature infants delivered at the Kings County Hospital-Downstate Medical Center in Brooklyn.

Dr. Jonathan T. Lanman, of the Population Council, New York, told the American Pediatric Society here that immature births, which had been stable at about 18 infants weighing 500 to 1,000 Gm. per 1,000 deliveries, dropped to eight per

Disorderly behavior...

mood...impairment

Meliarii helps calm the agitated geriatric patient, it not only reduces agitation but also diminishes anxiety, excitement,

repaired, but the patient with senile psychosis due to organic brain syndrome can frequently obtain meaningful symptomatic relief with Meliarii.

and hypermotility. Of course, neurologic deficit cannot be

sudden changes in

of prientation

for the agitated

senile psychosis

thioridazine

gerlatric with

The incidence of premature infants, the rate of spontaneous abortions dropped 1,000 to 2,500 Gm., fell from 121 per 21 per cent. 1.000 deliveries in the three years preceding the 1970 law change to 98 per

The number of newborn infants left for placement declined from 15 per 1,000 deliveries to 6.6.

Dr. Lanman also reported that, in the year following liberalization, the incidence of abortion in Kings County and five affiliated Brooklyn hospitals rose 5,800 per cent, while the number of deliveries increased 8 per cent. At the same time,

The experience with congenital ne-

phrotic syndrome, Dr. Hoyer remarked,

differs from that with steroid-resistant

idiopathic nephrotic syndrome, where

three or four had recurrence of the

Dr. Lanman offered two possible explanations for the striking increase in abortions—one, that a large number of women came from outside Brooklyn for abortions or, two, that elective abortions in the hospital were replacing illegal

If the second is true, "I am surprised at the extent the figures imply," he commented

Drs. Schuyler G. Kohl and James H. Bedell were coauthors.

Before prescribing or administering, see Sandoz literature for full product information. The following is a brief summary.

Contraindications: Severe central nervous system depression, comatose states from any cause, hypertensive or hypotensive heart disease of

Warnings: Administer cautiously to patients who have previously exhibited a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to phenothiazines. Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides. During pregnancy, administer only when the potential benefits exceed the possible risks to mother and fetus.

Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive saizures. In apileptic patients, anticonvulsant medication should also be maintained. Pigmentary rotinopathy may be avoided by remaining within the recommanded limits of dosage. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving), and increase dosage gradually. Orthostatic hypotension is more common in females than in males. Do not use opinephrine in treating drug-induced hypotension since phonothiszines may induce a reversed apinephrine diffect on occasion. Daily doses in excess of 300 mg. should be used only in severe neuropsychiatric conditions.

versed apineprime direct on occasion. Daily doses in excess of 500 mg. should be used only in severe neuropsychiatric conditions.

Adverse Reactions: Gentral Nervous System—Drowsiness, especially with large doses, early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; noclurnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. Autonomic Nervous System—Dryness of mouth, blurred vision, constipation, neusea, vomiting, diarrhae, nasal stuffiness, and pallor. Endocrine System—Garactorthea, broast engargement, amenorrhea, inhibition of ejaculation, and peripheral edema. Skin—Dermatilis and skin eruptions of the urticarial type, photosensitivity. Cardiovascular System—ECG changes (see Cardiovascular Effects below). Other—A single case described as parotid swelling.

The following reactions have occurred with phenothiazines and should be considered: Autonomic Reactions—Miosis, obstipation, anorexia, paralytic ileus. Cutaneous Reactions—Erythema, exfoliative dermatitis, confict dermatitis. Blood Dyscresias—Agranulocytosis, leukopenia, eosinophilla, thrombocytopenia, anemia, aplastic anemia, pancytopenia. Altergic Reactions—Fever, laryngeal edema, angioneurotic edema, asthma. Hapatotoxicity—Jaundica, biliary stosis. Cardiovascular Effects—Changes in terminal portion of electrocardiogram, including prolongation of Q-T interval, lowering and inversion of I-wave, and appearance of a wave tentatively identified as a billid T or a U wave have been observed with phenothiazines, including Mellaril (thioridazine); these appear to be reversible and due to altered repolarization not myocardial damage. While there is no evidence of a causal relationship between these changes and significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients showing characteristic electrocardiographic changes while taking the drug. While proposed, periodic electrocardiographic changes while telegraphic and changes while taking the drug. While proposed, periodic electrocardiograms are not regarded as predictive. Hypotension, rarely resulting in cardiac arrest, extrapyramidal Symptoms—Akathisia, agitation, motor restlessness, dystonic reactions, trismus, torticollis, opistholonus, oculogyric crises, tremor, muscular rigidity, and akinesia. Parsistant Tardiva Dyskinasia—Persistent and sometimes irreversible tardive dyskinesia, characterized by rhythmical involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements) and sometimes of extremities may occur on long-term therapy or after discontinuation of therapy, the risk being greater in elderly patients on high-dose therapy, espacially females; if symptoms appear, discontinue all antipsychotic agents. Syndrome may be masked if treatment is reinstituted, dosage is increased, or antipsychotic agent is switched. Fine vermicular movements of tongue may be an early sign, and syndrome may not develop if medication is stopped at that time, Endocrine Disturbances—Menstrual Irregularities, altered libido, gynecomastia, lactation, weight gain, edems, false positive pregnancy lests. Uthary Disturbances—Retention, incontinence. Others—Hyperpyrexia, behavioral effects suggestive of a paradoxical reaction, including excitement, bizarre dreams, aggravation of psychoses, and toxic confusional states, following long-term treatment, a peculiar skin-eye syndrome marked by progressive pigmentation of skin or conjunctive and/or accompanied by discoloration of exposed sclera and cornea; stellate or irregular opacities of anterior lens and cornea; stellate or irregular opacities of anterior lens and cornea. tent and sometimes irreversible tardive dyskinesia, characterized b

SANDOZ PHARMACEUTICALS, EAST HANOVER, NEW JERSEY 07936

Implantable Hearing Aid

TORONTO-Experience with an implant able electromagnetic hearing aid in rhesus monkeys in cases of sensorineural loss has exceeded expectations, and it should be ready for clinical trial within a year, according to Dr. J. M. F. Fredrickson, Associate Professor of Otolaryngology at the University of Toronto.

It is of potential benefit to the large group of patients with a lesion in the neural structures of the inner ear who now depend on conventional hearing aids, he observed at the 64th annual meeting of the Society of Neurological Surgeons.

The surgery required, Dr. Fredrickson explained, is a simple mastoidectomy to provide access to the stapes. The incus is removed. A magnet is placed on the head of the stapes and is kept in position by a Teston cup, which has an opening for the stapedius tendon.

A coil made of very thin thread is then suspended over the magnet and held by a bar fixed in a drilled-out cavity in the mastoid bone. The leads from the coil are connected to a Teflon plug screwed into the mastoid bone behind the ear, giving a cosmetic advantage. The plug contains the microphone, battery, and amplifier.

The research has included work with both acute and chronic cases, with three being studied for 14 months. Responses of the cochlear nerve, recorded with a round-window electrode, show a broad frequency range, Dr. Fredrickson said.

The implantable materials used are known to be inert, he noted. No damage to the inner ear was shown by histology on surface preparation from the temporal

Coauthors were Drs. E. R. Davis and

Laser Removes Birth Mark

JERUSALEM-The argon laser has proved effective in a small aumber of cases in eliminating hemanglomas without leaving a scar or other distinctive marking, Dr. Harvey Lash, of the Palo Alto (Calif.) Medical Clinic, reported here at the third Asian Pacific Congress of Plastic Surgery. Associated with him was Dr. M. R. Maser, of the same clinic.

Dr. Lash said that all other methods have been disappointing. An occasional color and texture match have been achieved with excision and grafting, but most grafts simply trade a red patch for a white or brown one. Irradiation of the angiomas tends to create more problems than it solves, and the method has been abandoned, Carbon dioxide snow, electrocoagulation, abrasion with and without overgraft, and tattooing have rarely achieved the desired results, he said.

In the eight cases presented, the argon laser, which emits a green beam that is selectively absorbed by any object emit-ting red, either "blanched the port-wine stains or obliterated them entirely."

Regulating Blood Groups

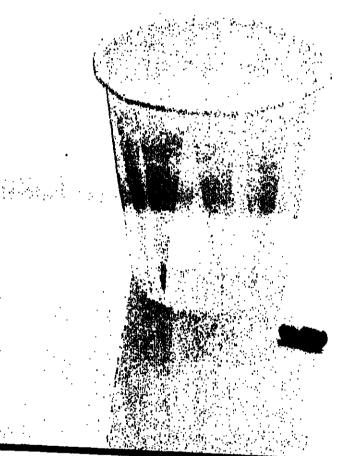
STRASBOURG, FRANCE-The 17-nation Council of Europe is studying the possibilities of standardizing automated blood grouping in Europe, in collaboration with the World Health Organization and the League of Red Cross Societies.

The move has been prompted by the steady rise in the number of blood analyses in transfusion centers. Manual methods are generally used at present, but in the future will probably be replaced, at least in part, by automated equipment.

At their first meeting, the group of experts responsible for the study suggested that in order to achieve international standardization, which will facilitate exchanges between countries, all results of antibody quantitation should be expressed in international units. Countries that have not yet adapted their system to the international standard were asked to do so as soon as possible.

No panacea. No placebo.

No antidote for the pressures of everyday living.



3.75 mg.







Dosage and Administration: Orally, in divided doses; usually daily dose is 30 mg. Dose should be adjusted gradually within range of 15 to 60 mg. daily. In elderly or debilitated patients, it is advisable to initiate therapy at a daily dose of 7.5 mg. to 15 mg.

DESCRIPTION: Chemically, TRANXENE (clorazepate dipotassium) is a benzodiazepine. The empirical formula is GreH11 CIK₂N₂O₄; the molecular weight is 408.93. odorfess powder, it is insoluble in the common organic solvants, but very soluble in water. Aqueous solu are unstable, clear, light yellow, and sikaline. ACTIONS: Pharmacologically TRANSFALE.

In three

dosage strengths:

ONS: Pharmacologically, TRANXENE (clorazepate sesium) has the characteristics of the banzodiarepines, it has depressant effects on the central nervous system. The primary metabolite, nordizepam, reaches peak level in the blood stream at approximately 1 hour. The plasma helf-life is about 1 day. The drug is metabolized in the liver and excreted primerily in the urine. (See ANIMAL AND CLINICAL PHARMACOLOGY

SOCIONO. INDICATIONS: TRANXENE Is indicated for the sympinvalue flows: I managers is indicated for the symp-lomatic relief of soxiety associated with anxiety neu-rosis, in other psychoneuroses in which anxiety symp-toms are prominent features, and as an adjunct in disage states in which anxiety is manifested.
CONTRAINDICATIONS: TRANXENE (clorazepate dipotassium) is contraindicated in patients with a

in depressive neuroses or in psychotic reactions.

Patients on TRANXENE should be cautioned against engaging in hexardous occupations requiring mental aleriness, such as operating dangerous machinery

nciuding motor vehicles.
Since TRANXENE has a central nervous system depressant effect, patients should be advised against the simultaneous use of other CNS-depressant drugs, and cautioned that the effects of alcohol may be in-

Creased.

Because of the lack of sufficient clinical experience,
TRANXENE (clorazepate dipotassium) is not recommended for use in patients less than 18 years of age.
Physical and Psychological Dependence: Withdrawal symptoms (similar in character to those noted with barbiturales and alcohol) have occurred following abrupt discontinuarica of clorazepate. Symptoms of nervousness, insomnia, irritability, diarrhea, muscle aches and memory impairment have followed abrupt withdrawel after long-term use of high dosage. Caution should be observed in patients who are con-sidered to have a psychological potential for drug

Evidence of drug dependence has been observed in dogs and rabbits which was characterized by convulsive seizures when the drug was abruptly withdrawn or the dose was reduced; the syndrome in dogs could be abolished by administration of clorazepste. Usage in Pregnancy: Reproduction studies have been performed in rats and rabbits and there was no evidence. is not known. Since there is no experience in pregnant on who have received this drug, safety in preg-

nancy has not been established.

If is assumed that TRANXENE or its melabolites is not be given to nursing mothers.

PRECAUTIONS: In those patients in which a degree of depression accompanies the anxiety, suicidal tenden-cless may be present and protective measures may be required. The least amount of drug that is feasible

should be available to the patient.
Patients on TRANXENE for prolonged periods should have blood counts and liver function tests periodically. paired renal or hepatic function should also be observed.

In elderly or debilitated patients, the initial dose should be small, and increments should be made gradually, in accordance with the response of the

patient, to preclude ataxis or excessive sedation. ADVERSE REACTIONS: This side effect most frequently reported was drowsiness. Less commonly reported (in descending order of occurrence) were dizziness, various gastrointestinal complaints, nervousness, blurred vision, dry mouth, headache, and mental ress, blurred vision, dry mouth, headache, and mental ress. Butadrug to help relieve crippling anxieties



Tranxene has just one purpose: to offer effective control of symptoms for the patient with clinically manifested anxiety.

- -the patient whose anxieties are excessive and "inappropriate" to the circumstances
- -the patient with persistent (and often inexplicable) feelings of dread
- -the patient who reacts unreasonably to reasonable stresses, to the point of incapacitation
- -the patient with a sense of impending death or catastrophe (often seen as a complication of organic illness, such as cardiac disease)
- the patient with the physical symptoms of acute anxiety: sweating, insomnia, extreme nervousness, palpitations

Effectiveness shown in double-blind studies

The clinical investigation of Tranxene took place over four years; treatment periods ranged from

three week to six months.

A total of 50 efficacy studies were conducted. under controlled, double-blind conditions. The overall results showed Tranxene to be highly effective in relieving the symptoms of anxiety.

Well tolerated by patients

Tranxene has an excellent record of patient acceptance. In the clinical studies, serious adverse reactions were not seen at the recommended doses. The side effects most commonly reported were drowsiness, light-headedness and gastrointestinal complaints.

Minimal cardiovascular effects

In the clinical studies, the only effect seen on blood pressure was the lowering of slightly elevated systolic blood pressure in some patients. There were no reports of bradycardia and, in the two studies where electrocardiographic effects were studied, no evidence of drug-induced alterations in ECGs.

Where anxiety symptoms must be controlled. Tranxene can be a valuable -and prudent-aid in management.



There have been reports of abnormal liver and kidney function tests and of decrease in hamatocrit.

Decrease in systolic blood pressure has been

DOSAGE AND ADMINISTRATION: TRANXENE (clorazepate dipotassium) is administered orally in divided doses. The usual daily dose is 30 mg. The dose should be adjusted gradually within the range of 15 to 60 mg. daily in accordance with the response of the patient. Drowtiness may occur at the initiation of treatment and with dosage increments, in elderly or debillated patients it is entirely to the little of the patients. onls it is advisable to initiate treatment at a daily dose of 7.5 to 15 mg.

DRUG INTERACTIONS: If TRANXENE (clorazapale dipotassium) is to be combined with other drugs acting on the central nervous system, careful consideration should be given to the pharmacology of the agents to be employed. Animal experience indicates that TRANXENE prolongs the sleeping time after hexobarbital or after ethyl alcohol increases the inhibitory effects of chlorpromazine, but does not exhibit monoanine oxidase inhibition. Clinical studies have shown increased sedation with concurrent hypnolic medications. The actions of the benzodiazepines may be slum) is to be combined with other drugs acting tions. The actions of the benzodiszepines may be potentiated by barbiurates, narcotics, phenothiszines, manamina oxidase inhibitors or other anti-depressants. if TRANXENE is used to treat anxiety associated with somalic disease states, careful attention must be used in the control of paid to possible drug interaction with concomitant

MANAGEMENT OF OVERDOSAGE: As in the manesement of overdosage with any drug, it should be borne to mind that multiple agents may have been

he Induced. Immediate gastric lavage is also recom-mended. General supportive care, including frequent monitoring of the vital signs and close observation of

the patient, is indicated. Hypotension, though validing of may be controlled with Levophed® (levarterenol) or Aramine® (metaramine). Caffeine and Sodium Benzoate injection, U.S.P. may be used to counteract central narrous evalum descents. There has been reported a 41-year-old woman who took 25 capsules (187.5 mg.) of TRANXENE. Severe diarrhes and vomiting occurred, but she made an tful recovery without being hosp HMAL AND CLINICAL PHARMACOLOGY: SI

in rats and monkeys have shown a substantial difference between doses producing tranquillying, sedalive and loxic effects. in rats, conditioned avo response was inhibited at an oral dose of 10 mg./kg.; redation was induced at 32 mg./kg.; the LDso was 1320 mg./kg. In monkeys aggressive behavior was reduced at the oral dose of 0.25 mg./kg.; sedation (staxia) was induced at 7.5 mg./kg.; the LO₂₀ could not be determined because of the emetic effect of large doses, but the LD_{so} exceeds 1600 mg./kg.

Twenty-four dogs were given TRANXENE orally in a 22-month toxicity study; doses up to 75 mg./kg. were given. Drug-related changes occurred in the liver: hapatocellular damage was found, but lobular archi-tecture remained well preserved.

Eighteen rhesus monkeys were given oral doses of TRANXENE from 3 to 36 mg./kg. daily for 52 weeks. All treated animals remained similar to control animals. Although total leucocyte count remained within normal limits it lended to fall in the female animals on the

Examination of all organs revealed no alteration itributable to TRANXENE. There was no damage to

Reproduction Studies: Standard studies of fertility teratology and reproduction were conducted on rate and rabbits. Oral doses in rate up to 150 mg./kg. and in rabbits up to 15 mg./kg. produced no abnormalities in the faluses and no impairment to ertility and reproductive capacity of adult animals attributable to TRANXENE (clorazepate dipotassium). As expected, the sedalive effect of high doses interfered with care of the young by their mothers (see Use in Pregnancy).
Clinical Pharmacology: Studies in healthy men have shown that TRANXENE has depressent effects on the high doses (120 mg. daily as a single oral dose) wa out toxic effects, and abrupt cessation of drug was not followed by serious signs or symptoms.

TRANXENE (clorazepate dipotassium), there is essentially no circulating parent drug. Nordiazepam, its primary metabolite, quickly appears in the blood stream with peak levels at about 1 hour. The plasma half-life is approximately 1 day. In 2 volunteers give 15 mg. (50 µC) of 14C-Tranxene, about 80% was recovered in the urine and leces within 10 days. Excretion was primarily in the urine with about 1% excretes

HOW SUPPLIED: TRANXENE (characepale dipotes sium) is supplied as capsules in three dosage strengths: 3,75 mg. capsules (gray with white cap) in bottles of 100 (NDC 074-3417-13) and 500 (NDC 074-3417-53). 7.5 mg, capsules (gray with maroon cap) in bottles o 100 (NDC 074-3418-13) and 500 (NDC 074-3418-53). 15 mg. capsules (all gray) in bottles of 100 (NDC 074-3419-13) and 500 (NDC 074-3419-53). **Molar Pregnancy**

Actinomycin D Held To Prevent Disease After Evacuation

Medical Tribune Report

NEW YORK-Prophylactic use of actinomycin D before and after the evacuation of molar pregnancy eliminates metastatic trophoblastic disease (MTD) and substantially reduces the incidence of nonmetastatic trophoblastic disease, according to a study reported here by Dr. Donald Peter Goldstein of Harvard Medical Schoot

During the past three years, 100 patients were given actinomycin D, 12 micrograms/Kg./day intravenously for five consecutive days beginning no more than three days before evacuation, he told the Section on Obstetrics and Gynecology of the 122nd annual convention of the American Medical Association. They were compared with 100 untreated controls. The latter, he said, included women who underwent evacuation at outside hospitals and were referred for follow-up evaluation, patients from his own institution found to have an unsuspected molar pregnancy at curettage, and patients who refused drug

Among the treated patients, Dr. Goldstein reported, proliferative trophoblastic sequelae occurred in two patients, in contrast to 16 in the untreated group. There were no cases of MTD in the treated group, while the disease developed in four patients in the untreated group.

Suction Curettage Preferred

The method of evacuation of choice in both groups was suction curettage, he reported, but in the untreated group other methods were also used. "The murbidity of suction curettage," he pointed out, "is negligible regardless of the size of the uterus." He added that when suction is available, hysterotomy should not be per-

In the treated group, he reported, termination of molar pregnancy by abdominal hystorotomy was carried out only in women who no longer desired to preserve fertility. In the untreated group, three of six hysterectomies were performed because of sudden massive hemorrhage.

No serious toxic reactions were induced by actinomycin D, he reported. The changes noted in serum glutamic oxaloacetic transaminase levels and peripheral blood counts were transient and mild. Stomatitis and skin rashes were likewise mild, Gastrointestinal symptoms due to the drug were only bothersome, and these, he said, can be minimized or controlled in most instances by the use of an antiemetic. Alopecia was minimal and always reversible.

Dr. Goldstein emphasized that prophylactic chemotherapy of molar pregnancy "is a highly specialized technique" that is optimally performed by those experienced in the management of trophoblastic dis-

Physicians Asked to Refer **Malignant Melanoma Cases**

BETHESDA, MD.-Physicians have been asked to cooperate with the National Cancer Institute by referring patients with malignant melanoma for studies by NCI's Immunology, Surgery, and Medicine Branches at the Clinical Center here.

The project is designed to evaluate the effects of chemotherapy and immunotherapy in stage 3 disease (clinical evidence for systemic metastasis) and stage 2 disease (clinical evidence for regional draining lymph node metastasis).

Physicians interested in having their patients considered for admission to these studies should communicate with Dr. Richard I. Fisher or Dr. William D. Terry at the National Cancer Institute: Building 10, Room 4B17; Bethesda, Md., 20014. The telephone numbers are (301) 496-2455 and 496-5461.



Antiemetic Role Queried

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Boston-The relationship between antiemetic agents and familial spina bifida is uncertain, investigators from London, Ont., and Milwaukee told a genetics and birth defects conference sponsored by the National Foundation-March of Dimes and Tufts-New England Medical Center.

Dr. Frank Walker and Sally Long, Ph.D., said on the basis of their own clinical experience and a review of recent studies, that no specific conclusions can be drawn regarding cause and effect in cases in which pregnant women with severe nausea and vomiting were given antiemetics.

There are families, Dr. Walker noted, "which appear to contain genetically predisposed individuals who, when exposed to a combination of hypercmesis gravidarum and certain antiemetic agents in the first trimester, express a major malformation syndrome in the form of midline fusion defects of the spinal column."

He pointed out that the relatively rare cervical thoracic form of the defect was seen in collateral lines of descent in two families, suggesting a specific genetic predisposition to this particular expression

"It is entirely conceivable that the teratogenic stimulus was the cause of the morning sickness, and the antiemetic agent was merely a thorapeutic tool provided after the defect had already occurred in utero," Dr. Walker added.

Dr. Walker is associated with the Children's Psychiatric Research Institute and the Crippled Children's Treatment Center in London, Ont. Dr. Long is at the Medical College of Wisconsin.

Methadone Units Shut

AUCKLAND, NEW ZEALAND-The New Zealand Government has closed all methadone maintenance clinics run privately by general practitioners under new regulations. This leaves addicts no choice but to attend "official" clinics run by hospital boards if they wish to get methadone.

It is estimated that about 100 addicts were being supported by the largest non-hospital methadone clinic in New Zealand, run by three Auckland general practitioners. This facility has now been closed.

The Medical Association of New Zealand has supported the Government move, and many doctors argue that insufficient control of prescriptions was permitting patients to sell methadone or take it away and inject it.

At the official clinics, patients must take the methadone orally before leaving

LinearAcceleratorAcquired

Burralo, N.Y.-A 4-Mev linear accelerator is being installed in the radiation therapy department of Roswell Park Memorial Institute here. It will go into service as soon as preliminary tests have been completed.

The accelerator, it was explained, will be used for patients who need very large treatment fields, such as those with lymphoma. Precision in large fields has been sent equipment, the institute said.

Combination Burn Therapy

MILAN, ITALY-Aprotinin, a kallikrein inhibitor and adenosine triphosphate, either alone or in combination, appear to be beneficial in the treatment of extensive burns in the early stages, it was reported here at an International Symposium on Burn Treatment by Prof. G. E. Beherl, of the Plastic Surgery Department, Calro University, Egypt.

In clinical trials, they kept serum protein near normal values and prevented degenerative changes of the liver, Professor

Coauthors were Drs. M. Taleat and S.

A New Lung Cancer Hazard To Chemical Workers Seen

Medical Tribune Report

New York-Chloromethyl methyl ether (CMME), used in chemical manufacture as an intermediate in organic synthesis and in the preparation of ion exchange resins, has been incriminated by Philadelphia investigators as a new industrial hazard that increases the risk of lung cancer.

In one plant where workers were exposed to CMME, a total of 14 developed lung cancer in 1962-71, Dr. W. G. Figueroa, of the Germantown Dispensary and Hospital, told the annual meeting of the American Lung Association,

The study began in 1962, he said, when management became aware that an excessive number of lung cancer suspects were being reported in one area of the plant, and a program of semiannual screenings was undertaken

Of 111 workers studied over the next five years, four developed lung cancer. The four were among 88 men studied in the 35-to-54-year age group, and they represented a five-year incidence of 4.54 per a day. cent in that group.

men aged 45-54 years in the Philadelphia Pulmonary Neoplasm Research Project, the five-year incidence of lung cancer was 0.57 per cent. Thus, "the five-year incidence was eight times higher in the plant

Exposure Common Denominator

A study of the work histories of the men who developed cancer while working in the area under suspicion concluded that the "only common denominator was exposure to chloromethyl methyl ether," said Dr. Figueron.

The work in this area consisted of mixing formalin, methanol, and hydrochloric acid in two 1,000-gallon kettles to produce CMME. During the process, fumes were often visible. The age at diagnosis, Dr. Figueroa said,

ranged from 33 to 55 years. Three of the 14 men never smoked, and a fourth smoked only pipes. The romaining 10 smoked one or more packs of cigarettes

Estimates of exposure to CMME Dr. Figueroa noted that among 2,804 ranged from three to 14 years in 13 cases.

In the 14th case, management stated that there was no known exposure, and a col-league said the patient had been exposed

Histologic studies in 13 of the patients revealed out cell carcinoma in all but on The exception had squamous cell cate noma, and Dr. Figueroa said that this wa the person whose exposure to CMME na in doubt. All of the men with oat cell car. cinoma died within 20 months of diag-

Coauthors were Dr. Robert Raszkow. ski, also of the Germantown hospital, and Dr. William Weiss, of Hahnemann Med cal College,

Grant Goes for First Step In Cancer Information Plan Medical Tribune Report

BETHESDA, MD.-The National Cancer in stitute has awarded a \$780,000 contract to Informatics, Inc., of Canoga Park, Calif., to develop the first phase of the proposed Worldwide Cancer Information Service.

The 15-month contract will include studies of the history of cancer data services, of the information needs of cancer scientists, and of ways of making cancer information more readily available throughout the scientific community

Droperidol Spurs Cerebral Blood Flow 74%

Medical Tribune Report

TORONTO-A Loyola University team is getting promising results from the use of an alpha adrenergic blocking agent (droperidol) to reverse the cerebrovascular insufficiency that occurs in cases of suburachnoid hemorrhage (SAH).

Dr. Byron M. Bloor, Professor of Neurosurgery, told the Society of Neurological Surgeons that there is increasing evidence linking high morbidity and mortality associated with SAH to a derangement of hemodynamics at the microvascular (resistance bed) level, rather than at the "macro" level demonstrated angio-

Using a dye-dilution technique, 50 hemodynamic studies were carried out in 41 patients with SAH, 10 of whom were studied before and after the intravenous administration of droperidol. The agent restored CO2 reactivity, resulting in the following four changes from control values: an increase of 74 per cent in cerebral blood flow, a decrease in transit time of 138 per cent, an increase of cerebral blood volume of 39 per cent, and a drop in cerebral vascular resistance of 170 per cent.

The mortality in 33 patients treated with droperidol, as compared with 37 un-

treated patients, was reduced by 23 per cent. This was not statistically significant.

"But there is every reason to believe," Dr. Bloor continued, "that further investigation of more active agents and perhaps other routes of administration will significantly reduce the morbidity and mortality associated with cerebrovascular insufficiency resulting from phenomena occurring in the resistance bed."

Coauthors were Drs. William C. Hanigun and Louis V. Pupillo.

Smaller Pores in Blood Filters Urged for Use in Lung Bypass

From Cornell University

A reduction of pore size in blood filters that are used to prevent microembolic damage to the brain following cardiac pulmonary bypass was recommended by Dr. Russel H. Patterson, Jr., Professor of Surgery (Neurosurgery) at Cornell University Medical College.

A filter with 40-micron pores, based on earlier work at Cornell, is being sold at the rate of several thousand a month, he said, but experiments show optimal results with a 25-micron device.

Dr. Patterson observed that the inci-

eczema; encogenous chronic infectious germatius; stasis dermatitis; pyoderma; nuchal eczema and chronic eczematoid otitis externa; acne uriteata; localized or disseminated neurodermatitis; lichan simplex chronicus; anogenital pruritus (vulvas, ecroti, ani); folliculita; bacterial dermatoses; mycotic dermatoses such as tinea (capitis, cruria, corporia, pedis); moniliasis; intertrigo. Final classification of the less-than-effective indications requiros further investigation.

dence of abnormal neurologic signs ranges up to 50 per cent in open heart surgery if no blood filters are used, the damage often resulting from microemboli generated in the oxygenator or aspirated from the

chest wound. "Though the abnormalities are often transitory and self-correcting, more serious sequelae sometimes occur, and patients complain months later of vague, persistent symptoms, such as impaired memory," he said.

A sonar device that counts small particles in flowing blood revealed that the 25micron filter, made of stainless-steel mesh, removes more than 99 per cent of the particles in the arterial blood. It tolerates blood flow at the rate of 4 L. a minute. Coauthor was Dr. Jeffrey S. Wasser.

Diabetes Up World-Wide

Medical Tribune World Service GENEVA. SWITZERLAND—The past 15 years have seen a world-wide increase in diabetes, the World Health Organization reported here. Diabetes deaths have doubled in Austria, Italy, Switzerland, and Venezuela and almost trebled in Japan.

14.16 医肾髓管

Tay-Sachs Screening

TEL AVIV. ISRABL-A nationwide screening program to identify Tay-Sachs carriers among all brides registering for marriage is to be launched shortly by the Israeli Ministry of Health.

The disease is prevalent only among Ashkenazi (European) Jews, and about one in 4.000 births is that of a Tay-Sachs baby. There are about 8,000 marriages each year between Ashkenazi couples, and all brides are to be asked to volunteer for the test. If it is positive, the groom will also be tested.

If both bride and groom are positive, they receive genetic counseling; if they get married and the bride becomes pregnant, amniocentesis will be carried out and an abortion advised if necessary.

Teen Information Centers

New York-Adolescent reception centers have been installed in each of 20 district health centers around this city to provide teen-agers with information on birth control, VD, drugs, emotional problems, nutrition, and health careers. Gordon Chase. head of the Health Services Administration, announced. The centers will be staffed by 40 New York City Urban

Mr. Chase said that the program is part of HSA's new Mobilization for Adolescent Student Health Project, in which 40 City University of New York students receive a \$2,000 stipend and full year of college credit for work in the adolescent health project. Since March, he added, the interns have been setting up referral pro-

Clinics for Handicapped

PERTH, AUSTRALIA-Assessment clinics are being set up in a number of centers in Australia to help work out management programs for handicapped children,

The clinic teams are multidisciplinary, and include not only pediatricians, psychologists, and social workers but also individual specialists as required in each

A prototype clinic has been set up at Princess Margaret Hospital for children here under the leadership of Dr. R. C. Godfrey, hospital medical director. The aim of the clinic is to: identify the degree of the problems presented by multiplehandicapped children; coordinate available services both within the hospital and between the hospital and the community: offer advice to parents and physicians; and provide training in assessment techniques at both student and postgraduate level.



the bare facts.

in many dermatoses the less they wear, the more they need...

Vioform-Hydrocortisone (iodochlorhydroxyquin and hydrocortisone)

antifungal - antibacterial - anti-inflammatory - antipruritic

Some styles don't leave much to the imagination. And don't provide much cover for common dermatoses, either. Just like plain topical steroids. If the lesion has become infected with fungi or bacteria, plain topical steroids are ordinarily not recommended as sole therapy, Vioform-Hydrocortisone, on the other hand, provides the kind of comprehensive therapy these dermatoses may require. It not only supplies the anti-inflammatory and antipriritic actions of hydrocortisone...but also adds the antibacterial and antifungal actions of Yioform,

Another fact... the most widely prescribed form... 20 Gm cream

ersansitivity to Viglorm-Hydrocortisons, or any of its radients or related compounds, lestons of the sye; perculosis of the skin; most viral skin lestons ricuding heroes simplex, vaccinia, and varicells). (Including herpes simplex, vaccinia, and varicells).

Warnings

This product is not for ophthalmic use,
in the presence of systemic infections, appropriate
systemic antibiotics should be used,
Usage in Pregnancy
Although topical seroids have not been reported to
have an adverse effect on pregnancy, the safety of
their use in pregnant females has not been established. Therefore, they should not be used extensively on pregnant patients in large amounts or
for prolonged periods of time.
PRECAUTIONS

May prove Irritating to sensitized skin in rare
cases, if this occurs, discontinue therapy, May
etain. etain.

If used under occlusive dressings or for a prolonged period, watch for signs of pituitary-adrenal axis suppression.

May interfers with thwold function tests. Wait, at least one month after discontinuance of therapy before performing these tests. The ferric chioride test for phenylketonuria (PKU) can yield a fajse-positive result if Violorm is present in the diaper or urine.

Prolonged use may result in overgrowth of nonsusceptible organisms requiring appropriate therapy. te therapy. ADVERSE REACTIONS DOSAGE
Apply a thin leyer to affected areas 3 or 4 times daily.
HOW SUPPLIED
Cream. 3% indochiorhydroxyquin and 1% hydrocortisone in a water-washable base containing stearyl alcohol, spermaceti, pelrolatum, sodium leuryl sulfate, and glycarin in water, tubes of 6 and 20 Gm Ointmani, 3% lodochlorhydroxyquin a 1% hydrocortisone in a petrolatum base tubes of 5 and 20 Gm Lollon. 1% hydrocartisone in a petrolatum base; tubes of 5 and 20 Gm. Lotton, 3% Indeation business and 20 Gm. Lotton, 3%

The root of antihypertensive therapy

ORAL INDICATIONS

PRECAUTIONS

CONTRAINDICATIONS

INDIGATIONS
Mild exceptlal hyperfension; adjunctive
therapy with other antihyperfensive agents
in the more severe forms of hyperfension.

Known hyperameditylly; mental depression, especially with suicidal tendencies; active peptic ulcu; ulcu; atev colitis; digitalls intoxication; and he insufficiency, electro-convolsive therapy.

warnings therapy.

Warnings

Discontinue at first sign of depression, since montal depression (which may be sovere enough to result in suicide) can occur with resemble and may persist for several months after drug withdrawal. Use with extreme caution in those with a history of depression.

or depression.

Discontinuo reserpine for 2 weeks before
giving electrostorik therapy. MAO inhibitors
should be avoided or used with extreme

Use cauthoraly in patients with fredery of peptic direr, utcerative colite, or other Gi disorders. May pre-ipitate toliary cela-in-

patients with gall stones Like special care with a bouratics and in Sportensives with renating afficiency. Usa Cautionaly with digitalis, quantaine, and

palamethodius
Introoperative hypotension that is a unter in
bypertension patients recovering randoth a
meparations, but withdrawal of recognic
dius not assure that cuculators and thody
will not occur to such patients.

ADVERSE REACTIONS
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antihypertensive therapy often begins

Most investigators believe that elevated blood pressure should help prevent future complications. But selection of treat-

ment must be based upon the overall condition of the patient-young and old alike. Once you decide on antihypertensive treatment, Serpasil may be a logical choice.

assured by quality control

Serpasil, the original reserpine, is established as a quality reserpine. Exacting quality control procedures, including 99 tests performed during the manufacturing process, help guarantee its purity, uniformity, and potency.

Serpasil lowers blood pressure and slows rapid heart rate

Serpasil acts both on the autonomic and central nervous systems, lowering arterial blood pressure and slowing rapid in hypertension

Serpasil eases the "tension" that plays an important part in many cases of hypertension.

Serpasil...the antihypertensive to build on

If you decide to use Serpasil in combination with other antihypertensive agents, lower dosage of those drugs permitted, minimizing the incidence and severity of their side effects... an important consideration, particularly in treating the older

Serpasil reduces the "tension"

Narning: Mental depression, occasionally severe, can occur with use of Serpasil. Discontinue drug at the first sign of depression.

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mai transperie, in species HOW BirPeligo Tablets, 1 mg (anide, colored), buttles of 100 Turnets, 0.25 mg (white, stored); buttles of 100, 359, 1000 and 1000. Turnets, 0.1 mg (white); buttles of 100, 500 and 1000.

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Serpasil
(reserpine)
early effective control of hypertension can save lives

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If Proteins Came in Capsules...

a historic duality characteristic in fetus. American medicine. Most American physicians have been curatively and therapeuor preventive in their approach. This is true despite the fact that preventive medicine gives the greatest yield in public health, in respect to general infant mortality and longevity.

NATIIAN HORWITZ

News Editor

There is a growing gap between the demonstrated role of nutrition in good health and the nutritional training and practices of the average physician. All the protein intake is essential to help keep is particularly true of the pregnant woman been done about it by now.

TTHE PRICE OF PROTEINS has pointed up and of the needs of the highly vulnerable

The price of protein inadequacy and malnutrition is, according to a growing tically oriented rather than prophylactic group of experts, reflected in such penalties as toxemia of pregnancy and infant mortality and morbidity. With the escalating price of meat and the rise in prices of fish and other high-quality protein foods, the poor are put at nutritional risk and the pregnant poor placed in double jeopardy. In public health terms proteins are as important as pharmaceuticals, particularly in the area of preventive medicine, and evidence is at hand of the importance par- their availability should be assured for all ticularly of a protein-adequate diet. Good Americans. Perhaps if proteins came in capsules their prices would be more stable. nonpallents from becoming patients. This If not, certainly something would have

Invasion of Privacy

A. of a drug-abuse program by the National Football League, we emphatically disapprove the proposal that compulsory urinalysis tests be held for the players. We concur in the expressed opposition by two gridiron heroes, O. J. Simpson, of the Buffalo Bills, and Larry Brown, of the Washington Redskins.

Mr. Simpson said that the tests were fit only for cows or horses, and Mr. Brown both are dealing with employees. That described them as dehumanizing. That is would bring us close to a police state,

S MUCH AS WE APPROVE the adoption are, of course, fit for human beings-but beings who are patients or volunteers for whatever reason. To make the tests compulsory is an outrageous invasion of human privacy and is offensive.

If a football league can require its players to submit their urines for examination before or after each game, then so could any private employer at his will, for not why we disapprove. Urinalysis tests which-pray God-we shall never turn into.

Robert Alexander Ross

A Tribute

DEATH HAS REMOVED a great pioneer in toxemia, and again brought forth the extensive clinical experiences on which he Ross-the man who linked toxemia of pregnancy to protein-calorie deficiency. Dr. Ross, former Professor of Ob/Gyn and department chairman at the University of North Carolina School of Medicine, was author of more than 100 scientific papers, many of which established the role of malnutrition in etiology of

Recognizing in the late 1930s that eclampsia and "puerperal albuminuria" sented the most frequent and severe complication of pregnancy among the South's rural poor, Dr. Ross observed that, throughout North Carolina, the incidence of toxemia and that of nutritional diseases, especially pellagra, were closely associated. He noted that toxemic women had diets that were deficient in high-quality proteins, vitamins, and minerals; when their diets were improved, the symptoms of toxemia often disappeared (Am. J. Obstel. Gynecol. 35:426-440, 1938). Three years earlier he had stated: "... We have been struck with the number of patients in eclampsia who are in a very poor state of nutrition" (Southern Med. J. 28:

Ross challenged the traditional myth that pregnant poor. young primipara are more susceptible to

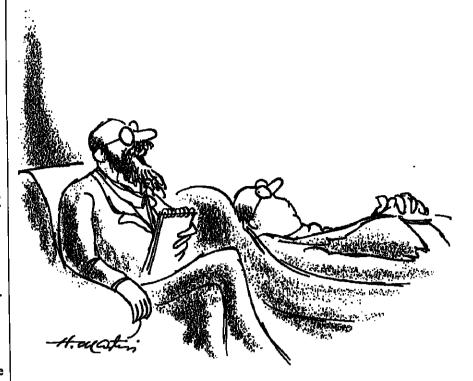
based his thesis that malnutrition of these young girls in poverty is the basic, root problem (Amer. J. Obstet. Gynecol. 54: 723, 1947).

In one of his last articles ("Toxemia of Pregnancy: Socio-economic Background," Medical Annals of District of Columbia 28:493, 1959), Dr. Ross profoundly affirmed. "Yet when all factors are adjusted, there is little difference, per se, between the proneness of the white and the nonwhite to toxemia and other socially ventable complications in pregnancy." He concluded, "Developing, encouraging and assuring better maternal care should also be classified as 'physician responsibility.'

Robert A. Ross will be remembered by the American people for his vital contributions to maternal, fetal, and newborn health, As president of the American College of Obstetricians and Gynecologists, 1969-70, he maintained his interest in pregnancy malnutrition although he was unable to interest any of his colleagues in his scientific views of this problem.

He was interested in the 1969 White House "Hunger Conference" and wrote that he looked to the younger people in In his presidential address before the medicine to make more contributions in-

TOM BREWER, M.D.



"Grab your coat and grab your hat. Leave your worries on the doorstep. Just direct your feet to the sunny side of the street."

The Day-Off Syndrome

Editor, MEDICAL TRIBUNE:

The report about the increase of illness in the United States since 1950 attributed to Abbott L. Ferriss, Ph.D., Professor of Sociology (MEDICAL TRIBUNE, June 6), surprises me. Apparently, the determination of illness is an interview survey of a sample of the employed labor force, and the measure is the absence from work.

I doubt very much that this represents an actual increase in illness. Probably the major factor for the increased reported illness is the well-known fact that during the past generation, more and more workers report sick when they wish to take a

> ABRAHAM A. POLACHECK, M.D. Brooklyn, N.Y.

17 Accents on Dignity

Editor, MEDICAL TRIBUNE:

MEDICAL TRIBUNE's continued preoccupation with the physician's role in the death of the elderly encourages me to submit my own view. Instead of paragraphs, I have tried to condense it into the form of the 17 syllables of the classic Japanese Haiku:

> I found dignity in life Now grant me dignity in the dying. H. D. BRUNER, M.D. Kensington, Md.

Slip o' the Text Editor, MEDICAL TRIBUNE:

In the June 6 issue of MEDICAL TRIBUNE, you reviewed the autobiography of 131. Samuel Rosen but you did not mention the publisher. I would appreciate. . . .

GILBERT SHOGER, M.D. Chicago, Ill.

EDITOR'S NOTE: Sorry, oversight, regrettable; publisher is Alfred A. Knopf, 201 East 50th Street, New York, N.Y.

Psychoanalysis Unbound

Editor, MEDICAL TRIBUNE:

I enjoyed the discussion on freudian psychoanalysis. The article by Dr. Peter Barglow was excellent. The fate of psycho-South Atlantic Association, Ob/Gyn, Dr.

Rose South Atlantic Association, Ob/Gyn, Dr.

Rose South Atlantic Association, Ob/Gyn, Dr. outside the medical profession, is in the insistence that psychoanalysis is exclu-

sively a therapeutic tool and therefore only a medical subject.

I agree with Dr. Barglow that psychoanalysis goes way beyond its limited medical applications. It cannot be considered any more an exclusively medical subject. just because we also use it for therapeutic purposes, than chemistry can be so considered because we use chemical substances for medication.

LAWRENCE J. FRIEDMAN, M.D. Beverly Hills, Calif.

Pauling Plaudit

Editor, MEDICAL TRIBUNE: I want to thank you for your wisdom and courage in publishing your June 4 editorial on Linus Pauling, Also I wish to congratulate you upon your publication of the text of an interview with Linus Pauling on his concept of molecular medicine.

ELMER BELT, M.D. Los Angeles, Calif.

Supplement Commended

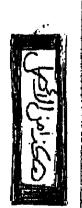
Editor, MEDICAL TRIBUNE:

I wish to express my appreciation to you for the interesting and informative "Hypertension Bulletin" appearing in MEDICAL TRIBUNE, I look forward to your

> ROBERT E. REYNOLDS, M.D., D.P.H. Associate Dean for Health Care Program Medical College of Georgia

Department of Correction

Dr. Bruce M. Camitta, of Children's Hospital Medical Center, Boston, plantation in children was described in MEDICAL TRIBUNE June 20, has pointed out that while it is true that a restoration of bone marrow function can be achieved in 50 per cent of aplastic anemia patients with histocompatible bone marrow transplants, only about one-third of the patients with the disease have suitable donors. In addition, histocompatibility studies should be performed on parents and siblings if an identical twin donor is not available. While such studies are being carried out, corticosteroid, androgen, and sparing blood product support should be given. "If a suitable donor is identified, serious consideration should be given to immediate transplantation," Dr. Camitta told MEDICAL TRIBUNE.



ARTHUR M. SACKLER, M.D., International Publisher, Medical Tribut

The Chronology of an Exorcism of Scientific Heresy

IN CONCLUDING this series on Velikovsky, we review a sequence of events concerning Worlds in Collision and its reception published in Pensée. Special Issue, May, 1972, Portland, Orc. (Pensée Magazine. P.O. Box 414, Portland, Ore., 97207, has published three special issues devoted to interdisciplinary discussions of Velikovsky's work. Each issue costs \$2.)

April 13, 1946-Velikovsky approaches Dr. Harlow Shapley, then director of the Harvard Observatory, with his manuscript of his views on changes in the solar system and for aid in having a few spectroscopic analyses made. Shapley suggests a prior review. This was undertaken by Horace Kallen, cofounder of the New School for Social Research and a respected scholar.

"...Deserving...Careful...Attention..."

May 23, 1946-Kallen writes Shapley: "I have just finished reading it. From the side of the history of ideas and social relations, it seems to me that he has built up a serious theory deserving of the careful attention of scholars. . . . If his theory should prove valid, not only astronomy but history and a good many of the anthropological and social sciences would need to be reconsidered both for their content and expla-

May 27, 1946-Shapley, who did not read the manuscript, replies: "The sensational claims of Dr. Immanuel Velikovsky fall to interest as much as they should. . . . The laws of mechanics . . . have been tested competently and thoroughly. . . . If Dr. Velikovsky is right, the rest of us are crazy." Shapley did not read the manuscript but suggested Velikovsky contact Walter Adams, of Mount Wilson Observatory, or Rupert Wildt, at the McCormick Observatory.

May, 1947-Macmillan gives Velikovsky a small advance against royaltles after the manuscript had been reviewed, among others, by Gordon Atwater, curator of Hayden Planetarium of the American Museum of Natural History.

March 18, 1949-Harper's magazine requests permission to publish a summary by one of its editors, Eric Larrabec.

January, 1950-Larrabee's article appears in Harper's with the editorial comment: "No one who has read Mr. Larrabee's article can ever again read the Old Testament of scientists about Velikovsky's theories prophets with the same blind piety or same blind skepticism that he felt before."

Shapley's Attack

January 18, 1950-Shapley writes Macmilian that he had heard they were not going to publish Velikovsky's Worlds in Collision, and states he had talked with a few scientists, including President Conunt of Harvard, and all were astonished that a we afford 'freedom of the press' when it house famous for its scientific publications was venturing into the Black Arts.

January 24, 1950-James Putnam of Macpley that they were not publishing the book as a "scientific publication" but as the statement of a theory. January 25, 1950-Shapley writes to Putnam that Velikovsky's celestial mechanics is "complete nonsense," that the two had met in some New York hotel, that Shapley had looked around to see if Velikovsky had a keeper with him. "Frankly, unless you can assure me that you have done things like this frequently in the past without damage, the publication must cut me off from the Macmillan Company."

Early 1950-Cecilia Payne-Gaposchkin, member of Shapley's staff, although she sion, is not susceptible to professorial had not read the book, attacks Velikovsky blackmail." in a mimeograph of article later published in the Reporter. This was reprinted by the Worlds in Collision for Macmillan and tailed scientific answer" to Dr. Velikov- dismissed.

"At first a new idea is regarded as not true, and later when accepted, as not beine new.'

-Velikovsky, Worlds in Collision, 1950

sky's theory before the book was in print. February 1, 1950-George P. Brett, Jr., Macmillan president, writes Shapley words of gratitude for "waving a red flag" and promised he would have the book (then on press) rechecked by three new readers. Velikovsky was advised that two said "publish" and one said "don't."

February 20, 1950-Shapley writes editor Ted Thackrey, enclosing Gaposchkin's prepublication mimeograph story, pointing out that if Velikovsky were right, "All that Isaac Newton ever did was wrong."

Openmindedness: Dismissai

1950, after publication of book-Gordon Atwater, whose review urged openmindedness toward the book, is dismissed from job at Hayden Planetarium.

March 7, 1950-Thackrey writes Shapley took sharp exception to the "wholly unwarranted and unfounded" characterization of Velikovsky and reminded his friend how he, Thackrey, had defended Shapley when his political views had led to "an unwarranted assault" upon his own integrity. As to the article by Mrs. Gaposchkin, it was an attack on a book she still had not read, attributing to Velikovsky statements he had never made, then quarreling with them as if he had made

Case of the "Sizzling" Letters

April 10, 1950-Thackrey again charges in a letter to Shapley that he (Shapley) was working to prevent Macmillan from publishing Velikovsy. To Shapley's assertion that it was the only "hot" letter he ever wrote concerning Velikovsky and inadvertently had written it to a friend of Velikovsky, Thackrey answered that he (Shapley) had written the publisher two letters "so sizzling that your letter to me might seem tepid by comparison."

April 15, 1950-Science News Letter reports that it is not expected that publicaas reported by Science Service enrier.

Case of the Nonreading Professor

May 20, 1950-Dean McLaughlin, astronomy professor of Michigan, writes to G. P. Brett at Macmillan: "Can we afford to have 'freedom of the press' when it permits such obvious rubbish to be widely advertised as of real importance? ... Can not intend to waste my time re September 25, 1950-Shapley, in a statement printed in the Harvard Crimson; "The claim that Dr. Velikovsky's book is being suppressed for that Harvard or Shapley participated in this is nothing but a publicity promotion stunt." A national boycott is organized against Vel-

ikovsky. Sometime in 1950-"Macmillan representatives report that science professors in the universities were refusing to see them, Macmillan . . . prevailed on Velikovsky to let them transfer . . . to a competitor, Doubleday, which, as it has no textbook divi-

Science News Letter and praised as a "de- was for 25 years a Macmillan editor, is

Einstein's Comment on Shapley

March 17, 1955-After reading the correspondence between Shapley and Macmillan, Albert Einstein wrote to Velikovsky that Shapley did not adhere to the truth. He admired the action of Thackrey, "who has compelled the roaring astronomical lion [Shapley] to pull in a little his royal tail, yet not showing enough respect for the truth."

January 2, 1957-Letter from H. H. Hess, chairman of Space Science Board, National Academy of Sciences, to Velikovsky: "Scientific discoveries and ideas are produced by intuition, creativeness, and genius of a man. Dollars of themselves don't produce this any more than they could be expected to produce another Mona Lisa. This is something which I believe you can readily understand."

1961-Preface to paperback edition of Worlds in Collision, p. 7: "From the nature of the radio signals emitted by Venus, it was found that Venus' ground temperature is about 600° F. Dr. F. D. Drake of the National Radio Astronomy Observatory, responsible for this reading, wrote: 'We would have expected a temperature only slightly greater than that of the earth," and the find was a 'surprise . . . in a field in which the fewest surprises were expected." Velikovsky had said it was exceedingly hot or incandescently hot.

Velikovsky Confirmed by Mariner II

December, 1962-Mariner II disclosed that the surface temperature of Venus is 800° F., whereas estimates of astronomers varied from 45° to 90° F. Geologist Fless and physicist Bargmann of Princeton and astronomer Motz of Columbia urged that, that Shapley's letter had shocked him. He in view of these confirmations, Velikovsky's other conclusions should be re-examined without projudice.

March 15, 1963—Professor Hess wrote

a letter to Velikovsky intended for public use: "You have after all predicted that Jupiter would be a source of radio noise, that Venus would have a high surface temperature, that the sun and bodies of the solar system would have large electrical charges and several other such predictions. Some of these predictions were said to be impossible when you made them. All of them were predicted long before proof that they were correct came to hand. Conversely I do not know of any specific prediction you made that has since been proven to be false."

The Scientific "Mafia"

1964-The great Italian probability theorist, de Finetti, speaking in 1964 about Velikovsky's case, compared the scientific complex to a "despotic and irresponsible Mafia."

March 7,1969-Letter from Harold Urey, University of California, San Diego, to Katherine Lindeman, student at Bay Village High School, Ohio: "Velikovsky is a tragedy. He has misguided people like you in great numbers, and my advice is to shut the book and never look at it again in your lifetime." Dr. Urey, according to Pensée, had on his own admission not read Velikovsky's books.

Moon Landing Confirms Velikovsky

December 29, 1971-A.A.A.S. annual meeting, Dr. S. K. Runcorn: "When we received the Apollo landing sample, as can vitiate education, as this book can?... with the other groups who had been study-No, I have not read the book. . . And I do ing the magnetic properties, we were all rprised to find remanent magnetization." This had been claimed by Velikovaky many times and printed in the New York Times on the day man first stepped on the moon (July 20, 1969).

It is with sadness that one reviews and must report the evidence of the Velikovsky "heresy." It is with a heaviness of heart that one reads of the proscription of books and the condemnation without study of a man's hypothesis. It is almost with disbelief that one views the record of an attempt at the suppression of ideas by those who claim to have been in the forefront of the fight to assure that all may be heard. Regardless of any other contribution Vellkovsky i thesis may make, the exposition of the attempt to exercise his heresy should, we hope, discourage future resort to personal attacks and to antiscientific and anti-intellectual intolerance.



DR. WALTER S. ADAMS



DR. HAROLD UREY



DR. ALDERT EINSTEIN



DR. HARLOW SHAPLEY



DR. FRANK D. DRAKE

.. brief summaries of editorials or guest editorials in current medical journals.

Blockade Theory of Asthma

Szentivanyi's beta adrenergic blockade theory "appears to answer certain of the perplexing questions about bronchial asthma... that are not understandable if asthma is considered to be predominantly the consequence of an antigen-antibody reaction....[The theory] suggests basically that asthmatic patients suffer from partial blockade of the beta adrenergic receptors . . . irrespective of the triggering events. The endogenous neurotransmitters ... are released in the face of the relatively unavailable presence of the beta receptor substance. This leads to an adrenergic imbalance that deprives the bronchial tissue of normal contraregulatory control, leading to reversible bronchial airway obstruction."

"The blockade theory . . . offers a rather clear explanation why some individuals, markedly allergic as judged by skin test of serum reagin titer, have only attergic rhinithe while others have asthma even though their allergy judged by these immunologic criteria is less severe. . . . " However, "the theory does not directly explain the increased insensitivity of the bronchial sensory receptors and it is no more successful than any other theory in explaining why occasional patients develop severe sensitivity to aspirin.

"Although the theory is not in conflict with the bulk of presently available information, more information is obviously needed before the theory can be used to explain all of the manifestations and expressions of the allergic state." Drs. Charles D. Haunschild and Harris D. Riley, Jr., editorial. (Southern Med. J. 66: 401, April, 1973.)

Schizophrenia Undefined

"[Schizophrenia] is such a highly complex and multivariate disorder that our attempts to conceptualize it adequately have repeatedly resulted in disappointment.... In a very real sense, the schizophrenic syndrome is anything we wish it to be. The unfortunate problem is that osychiatrists in fact differ sharply in what they wish it to be. Highly personal if not autistic definitions abound. . . .

The individual who wishes to treat chizophrenic patients cannot be bound by the shackles of orthodox theory. [He] must be eclectic, practical, and infinitely patient. He has to be willing to assume a greater degree of responsibility than is usually necessary in the treatment of less scriously disturbed patients.... Ultimately, we [therapists] have to be able to specify which therapcutic interventions alone or combined produce what specific changes in which specific patients under which specific conditions. Until we can do this, the reatment of schizophrenia remains at its best an intuitive art and at its worst a standardized obtunding of fellow human beings." Dr. Robert Cancro, editorial. (Amer. J. Psychlat. 130:693, June, 1973.)

Endocrine Units Needed

We have a need for endocrinological units, Experience has shown that even rather simple endocrinological examination processes are unsuccessful when carried out in departments of general medkine or general surgery because of lack of adequate personnel training. Endocrinological units should also have a consultative function within the hospital and within the hospital's region of responsibility. The units should also have an out-Patient clinic, and clinical activity should encompass diagnostic as well as therapequic problems. For an endocrinological unit to fulfill all these demands it must have a large staff, both medical and para-medical. Bivin Hasner, editorial. (Ugeskrift for Laeger [J. Danish M.A.] 135:21, May 21, 1973.)

Daily Cycle Affects Respiratory Protection

RESEARCH

Los Anget.es-Investigators at the University of Southern California School of Medicine have found evidence that the human respiratory system is more vulnerable to virus infection at certain times of the day.

Everett C. Hughes, Ph.D., Richard L. Johnson, Ph.D., and Dr. Clay W. Whitaker. who had been studying the levels of SIgA secretion by mucous cells, found that, unlike the immunoglobulins in the blood, SIgA is continuously carried away by the mucus and must constantly be replenished. SIgA is secreted by plasma cells on the nucosal surfaces of the body.

Pattern Varies in 24 Hours

The U.S.C. investigators, in studying the hourly production of SIgA in nasal mucus, have found, in most persons, a pattern that varies considerably within the 24-hour period.

The point of maximum SIgA production, they reported, occurs at the time when its protective function would seem

8 A.M. During this time the SIgA concentration is 3.5 times higher than the daytime and evening concentrations,

The minimum point in the cycle comes at a time in the afternoon when protection would seem to be most needed, the investigators said.

subjects in the study experienced four-toeight-hour "episodes" of SlgA levels far below even the minimum point of the normal daily cycle. In a few subjects such a condition was chronic, and these were found to suffer a higher incidence of res-

Genetic Defect of Neuronal Membrane Implicated in Manic-Depressive IIIs

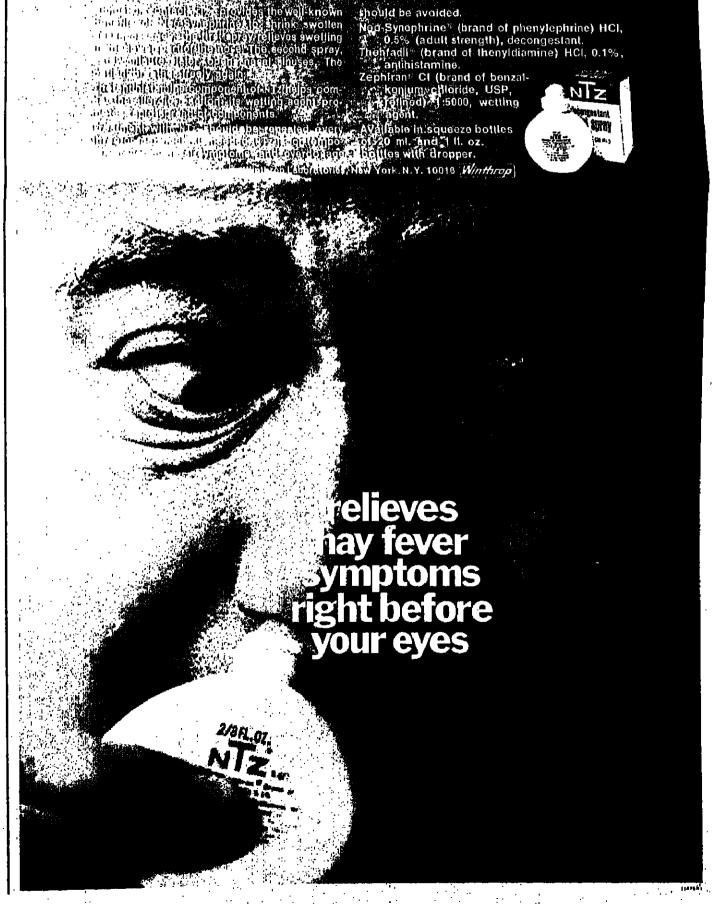
Medical Tribune Report

New York-A research team at the New York State Department of Mental Hygiene's Psychiatric Institute has developed a theory, "the membrane-transport hypothesis," implicating the neuronal membrane as the site of the primary defect in manic-depressive illness.

The investigators, Herbert L. Meltzer, Ph.D., and Dr. Ronald R. Fieve, said that the theory may replace the catecholamine hypothesis-that deficiencies in norepinephrine, dopamine, and serotonin are responsible for depression, while an excess may cause mania.

secondary to the genetic membrane defect. It states that the speed with which nerve impulses are transmitted along the nerve fiber reflects the primary defect causing mania and depression. These nerve impulses may be controlled by concentrations of sodium and potassium ions on either side of the neuronal membrane.

The membrane-transport hypothesis further states that when lithium is introduced, the relative concentrations of sodium and potassium are altered and the nerve impulses are diminished, reducing or correcting mania. With the addition of rubidium, the investigators believe, the The new concept takes into account the nerve impulses will be augmented and hormonal changes but regards them as cause behavioral activation.





BETADINE MICROBICIDES

Chosen by NASA for

When potential moon germs were a threat NASA had selected a broad-spectrum BETADINE microbicide for decontamination of the lunar capsules in Apollo 11/12/14 splashdowns.

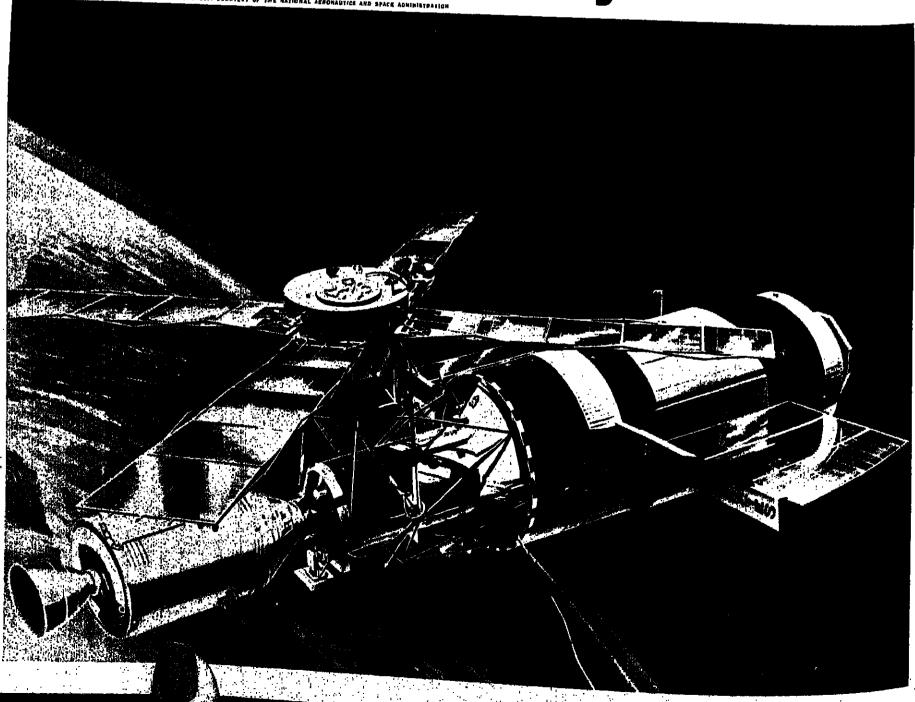
Now NASA again selects a BETADINE microbicide for environmental protection of Skylab astronauts against infection. BETADINE Solution is circling the earth in orbit, to be used regularly for disinfection of certain equipment and for contingencies.

Apollo splashdowns

Sky-high microbicidal efficacy plus downto-earth convenience distinguishes BETADINE antiseptics. They kill bacteria (gram-positive and gram-negative), fungi, viruses, protozoa and yeasts. Yet they are virtually nonstinging, nonirritating and do not stain skin, mucosa, or natural fabrics. And they are available in a variety of forms, designed and formulated for specific uses.

Purdue Frederick

Chosen by NASA for Skylab mission!



dies, his phobia intact.

dent of the United States.

Last living patient of Sigmund Freud

Last psychoanalyst to have been ana-

lyzed by Sigmund Freud dies, his phobia

Prominent psychoanalyst elected Presi-

• The abolition of specialty certification

in psychiatry is announced. Future psy-

of Health, Education, and Welfare.

President announces

An Unusual Dream

By Dr. Thomas P. MILLAR

O he ought to know better than to reveal his dreams, but even so, truth has its prerogatives.

I dreamed I was standing in a cavernous room with a vaulted ceiling and exotically paneled walls. A green mist swirled around a polished table. The fragrance of cinnamon filled the air, and somewhere a clock ticked ponderously.

A silver-bound book lay on the table, its pages open and shimmering in a mysterious light. I felt an urgent need to examine those pages. I hurried to the

Each page was filled with newspaper clippings: each clipping concerned American psychiatry; each was arranged in the order of its date.

But the dates were in the future!

- A poll of psychiatrists declares Spiro Agnew psychologically unfit to be Presi-
- A poll of psychiatrists declares Teddy Kennedy psychologically unfit to be Presi-
- A study of previous Presidents reveals all to have been psychologically unfit to

- A poll of members of American Psychiatric Association reveals declining faith in the democratic process.
- Prominent psychoanalyst declares Women's Liberation movement a derivative of penis envy, Spokesman for Women's Liberation Council of America declares penis a vestigial organ.
- Independent survey reveals that 40 per cent of psychiatrists west of the Mississippi

- · A poll of psychiatrists declares Norman Mailer psychologically unfit to be
- Norman Mailer declares American psychiatrists psychologically unfit to be dogcatchers. Spokesman for A.K.A. ex-

Family Therapy Is Called Successful in Treatment For Anorectic Children

Medical Tribune Report

San Francisco-Family therapy has been successfully used in the treatment of anorexia nervosa, Dr. Salvador Minuchin, of the Child Guidance Clinic and Chil-Hospital, Philadelphia, reported

He told the Society for Pediatric Research that in 16 cases where therapy has been completed, no patients are anorectic and 14 have achieved excellent results. One family dropped out and the patient recovered with individual therapy, and another patient still has home problems.

Earlier therapeutic approaches to anorexia nervosa, including behavior modifissful in only one-third of the cases, Dr. Minuchin said. Deaths have occurred with both approaches, and patients undergo long periods of bospitalization, he

The disorder is related to families characterized by overprotectiveness, enmeshment, rigidity, and lack of conflict resolution, with the child commonly affected by parental conflicts, he said.

Twenty-one patients have been treated with family therapy, including five still undergoing treatment, Twenty have been female, with a mean age of 13.5 years. All have had severe illness, with weight losses of one-third or more, Hospitalization has averaged 17 days.

The successful results in anorexia sugsest that family therapy might be of value in treating other psychosomatic diseases, Dr. Minichin commented. Room Chats"; the people to have 50 minutes a week.

- Beatification of Sigmund Freud proposed. Pope Richard I demurs.
- Psychoanalytic biography of Ralph Nader reveals mother secretly diluted infant formula with water!

- President of the United States impeached for lacing "Consulting Room Chats" with subliminal suggestions for the legalization of pot and wiretapping.
- C.B.S. announces future Presidential addresses will be analyzed immediately prior to broadcast. "In this way we will be giving the President equal time."
- Ms. Glorious Steinblast, first woman to head the American Psychiatric Association, declares, "Womb envy is the true core of psychoneurosis.'

The ticking of the clock had grown deafening. I had the sensation of falling. I flipped to the last page.

- A poll of psychiatrists declares Carochiatrists will be ordained by the Secretary line Kennedy psychologically unfit to be President.
 - The mists faded, the thunderous ticking "Consulting stopped. I paused a moment in that un-



DR. MILLAR

certain land between sleeping and waking. I knew that somehow everything had fallen into place, I had the secret of existence -if I could just remember it.

Well, that's the dream. Analyze it if you must. I feel I have discharged my obligation to truth. So say what you will.



Bobo's back at the big top

Without him it was the second Your patients won't have to greatest show on earth. A rheumatoid arthritic flare-up kept him in the wings. Weeks of pain, stiffness, swelling and tenderness.

Next time, consider the prompt anti-inflammatory action of Butazolidin alka when aspirin fails.

wait a month for results. Neither will you.

Serious side effects can occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions.

For full details please read the prescribing information. It's summarized on the back of this page.

Butazolidin alka

If it doesn't work in a week, forget it.

Cranial Wrap Offers Hope in Hydrocephalus Rule on Coverage Thai Study Finds

Continued from page I that the animals' fixed skulls caused transiently increased intracranial pressures of a gradient sufficient to push the cerebrospinal fluid out via afternate absorptive pathways. Once these pathways become stabilized, they remain functional and intracranial pressure returns to normal.

Bandage Used in 9 Infants

The investigators proceeded to use an elastic bandage system to limit skull expansion in nine human infants with hydrocephalus. The bandaging produced increased intracranial pressure, and this in turn induced C.S.F. absorption across alternate absorptive pathways.

In all nine neonates, an increased rate of head growth was immediately arrested. ventricular size was unchanged or only slightly increased, and the brain volume increased as its growth continued normally, the team reported. None of the children experienced ill effects from the increased intracranial pressure.

The treatment was continued in the hospital and at home until the infants were six months old and was then discontinued. All of the children are now eight to 12 months of age and show normal develop-



MEDICAL TRIBUNE

The ventriculograms of an infant who underwent the head wrapping show that at age four months (l.) the ventricle is somewhat larger than at four weeks (r.) but that cortical mantie size is adequate.

ment. Hydrocephalus symptoms have not returned.

According to the hospital, "although only nine children were treated with compressive head wrapping, present results indicate that this technique can be used successfully in carefully selected patients." The patients, said the report from the hos- Good general medical condition.

pital, should fulfill the following criteria: Progressive hydrocephalus in the presence of normal or only slightly increased

 A moderately dilated ventricular system with cortical mantle 1.5 cm. at the thinnest point.

For Renal Grafts **Warily Approved** Continued from page I

cost of dialysis in hospitals, in centers operated by hospitals, and in free-standing dialysis centers and the cost of equipment and supplies for home dialysis. They will also cover the costs of training both the patient and his dialysis partner for home

Also covered will be the services neces sary for kickney transplantation, including the cost of acquiring donor organs.

For dialysis there is a qualifying period that generally must be completed before such coverage can begin. The period starts with the month in which a course of dialysis begins and ends two full calendar months after the end of that month. Thus if a patient began dialysis on August 10. he could begin receiving Medicare cover age on November 1.

For kidney transplantation, Medicare coverage begins with the month that a patient enters the hospital to prepare for receiving a transplant, providing that the transplantation is performed that month or the following month.

HEW Secretary Caspar W. Weinberger said that "coverage will end with the 12th month after the month in which the person has a renal transplant or such course of dialysis is terminated."

Reimbursement Frezen

The regulations freeze reimbursement during the interim period to a level representing an average of the charges during the previous year. While reimbursement for maintenance dialysis is set at \$150 per dialysis, this does not represent a fixed ceiling above which reimbursement

will be automatically denied, it was noted. All facilities must agree, said the Secretary, to the assignment method of reintbursement and accept the Medicare determination of "reasonable charges" as full reimbursement.

Two limitations on the reimbursement of physicians' services are provided. Supervisory services during dialysis test ment will be covered only if the charges for them are a component of the total cost or charge for dialysis; a separate fee will not be reimbursed. Reimbursement for routine monitoring of stable dialysis pa tients will be limited to one routine office visit a month and two extended visits s year. Relimbursements for added visits could be justified on a case-by-case bask.

Stress Fiscal Responsibility

The National Kidney Foundation's executive director, Edward J. Mitchell, welcomed the temporary regulations "These guidelines," he sald, "stress both quality and care for the individual patient and a method of fiscal responsibility for

the total program."

Dr. Carl M. Kjellstrand, Associate Professor of Medicine and Surgery and director of the dialysis unit at the University of Minnesota Medical School, said: "I really think it is enlightened lawmaking.

"It's going to make life so much more comfortable for us who work in expensive, catastrophic type care.

'We who work in the kidney held ha been put on the spot, so to speak. There have always been people suffering economic hardships from diseases, but I guess dialyzers and transplanters have been the only ones who have had to turn down people for purely economic factors."

Toxin Aids Tumor Immunity Medical Tribune Report

PHILADELPHIA-Bacterial endotoxin appears to enhance the immunity of mice to lethal turnors, according to a Temple University investigator. Dr. Alois Nowotny. Professor of Immunology, reports that injection of microgram quantities of the endotoxin into the abdominal cavity increased the animals' natural ability to withstand later inoculation with TA3

ascites tumor.

Complement Role In Dengue Shock

Medical Tribune Report

ATLANTIC CITY, N.J.-Activation of complement and resultant intravascular coagulopathy appear to play a major role in producing hemorrhagic shock in the viru-lent form of dengue fever provalent among children in Southeast Asia, according to California investigators who conducted immunologic studies in Thailand in 1971 and 1972 under World Health Organization auspices.

The work was done in four Bangkok hospitals by Drs. Frank Dixon, H. J. Müller-Eberhard, and Victor A. Bokisch, of the Scripps Clinic and Research Foundation, La Jolla, Calif., and summarized by Dr. Bokisch at the Association of American Physicians' annual meeting

The shock syndrome occurs in roughly 10 per cent of victims of the dengue virus hemorrhagic fever. The California team performed serum complement concentration and other tests on 133 young patients, grading them from stage 1 to stage 4 as to severity of illness. In stages 3 and 4 there was some form of hemorrhagic

Looked for C-3 in Serum

Going on the theory that complexing of virus and antibody activated the complement chain of events, the three investigators looked for C-3 in serum by quantitative assay. They discovered, in general, that the more C-3 they found, the less ill the patient, and that in 46 patients in shock, C-3 was down to an average of 35 per cent of normal values.

When they looked for activation of coagulation factors in 52 of the patients, those with symptoms of shock showed lower levels of fibringen and low platelet counts and higher concentrations of flbrinogen split products in peripheral sera. This indicated some interaction of virusantibody-complement complexes on coagulation factors, Dr. Bokisch theorized.

When rates of disappearance of C-3 were measured in 11 shock patients, it was found that 2.6 to 3.5 per cent of the plasma complement pool of this early factor was eliminated each hour, compared with 1.9 to 2.6 per cent of the C-3 climinated in five patients not suffering shock.

Noting that Boston investigators have mplicated complement activation in initiation of angioneurotic edema, Dr. Bokisch said: "Complemement-dependent release of vasoactive amines and generation of platelet procoagulant activity are envisaged as the major pathogenic factors of the shock syndrome."

2 MDs, Bob Hope Receive A.M.A. Meeting Awards Medical Tribune Report

New York-Awards to a hematologist, a medical records specialist, and a comedian marked the opening here of the 122nd annual convention of the American Medical Association.

Dr. William B. Castle, an Emeritus Professor at Harvard and discoverer of the intrinsic-extrinsic factors' role in normal blood formation, received the sixth Dr. Rodman E. Sheen and Thomas G. Sheen Award, with a \$10,000 prize attached.

Dr. Lawrence L. Weed, Professor of Medicine and Community Medicine at the University of Vermont and developer of the "problem-oriented" medical record, Was the first recipient of the \$5,000 Brookdale Award in Medicine, established for physicians under age 50.

Bob Hope, comedian and fund-raising contributor of \$6,500,000 in cash and real estate to the Eisenhower Medical Center in Palm Springs, Calif., received the 12th A.M.A. Layman's Citation for Distinguished Service: At the ceremony, he expressed his sorrow for having missed the carlier awards luncheon, "because I understand you had meat and everything."

Jill angle gland gan



Theodor Bilharz, who identified the cause of schistosomiasis, was born in 1825 in Sigmaringen, Germany, and received his M.D. from Tübingen Univ. Emigrating to Cairo in 1850, he served on the staff of the Kast El Aini Hospital and Medical School. His interest in Egyptian entozoa led him to discover the blood fluke in the urine of peasants suffering from hematuria and oladder calcification.

Egypt issued the stamp in 1962 to mark the 100th anniversary of Bilharz' death.

Text: Dr. Joseph Kler Stamp: Minkus Publications, Inc., New York

Early Diagnosis Could Reduce Mortality From Venous Stroke

HATHORNE, MASS.-Clinicians should maintain a higher index of suspicion for cerebral venous thrombosis, especially in cral neurologic function. It's a quiet kind elderly patients, a leading pathologist has

Cerebral venous thrombosis, which is often treatable and presents a different clinical picture from that of sudden arterial cerebral accidents, is frequently "overlooked" or "misdiagnosed," declared Dr. Abraham Towbin, of Danvers State Hospital here.

In a three-year study published in the current issue of Stroke, Dr. Towbin found that intracranial venous thrombi were present in 9.3 per cent of 182 autopsied

In addition, another 10.5 per cent of the cases showed "intermediate, equivocal" forms of venous thrombosis, where the clot was not well established, but the cerebrum showed changes attributable to early

"Clinically," Dr. Towbin said in an in-

so to speak-but pointedly with a period of of stroke."

Difficulty In Swallowing Seen

Besides lethargy, he said, difficulty in swallowing is also an early symptom. The temperature remains normal or near

Dr. Towbin suggested that mortality from venous stroke could be reduced with earlier diagnosis and treatment, in selected cases, with anticoagulants or recently developed thrombolytic agents.

"It is imperative that the diagnosis be made early," he emphasized. "In older adults as well as in younger patients, if the condition is anticipated and recognized, the diagnosis may be confirmed promptly by radiographical and other available means."

"The condition need not be viewed as hopeicss," he added, "There are well docuterview, "this is the story of the old or mented reports of survival, often with near-old person who slips into lethargy minimal sequelant disability."

Butazolidinº alka

A tough act to follow.

important Note: This drug is not a simple an-algesic. Do not administer casually. Carefully algesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision.

Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinallysis, etc.) before presoribing and at frequent intervals thereafter.

Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the emailest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute a like ospewies for tablets if dyspeptio symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throst, oral lesions (symptoms of blood dyscrasis), dyspepsia, epigastric pain, symptoms of snemis blood. epigastric pain, symptoms of anemia, black or larry slocke or other evidence of intestine ulceration or hemorrhage, skin reactions, significant weight gain or edems. A one-week trial period is adequate. Discontinue in the absence of a lavorable response. Restrict treatment periods to one week in patients

over sixty, indications: Acute gouty arthritis, rheumatoid arthritis, rheumatoid spondyfitis: Contraindications: Children 14 years or less; sentis patients; history or symptoms of G.I. sentile patients; history or symptoms of G.I. inflammation or understion including severe, recurrent or persistent dyspepals; history or presence of drug allergy; blood dyscraefas; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; supports of the cardiac dysfunction; hypertension; thyroid disease; supports or the cardiac dysfunctions. tension; hepasio or carciso dystunction; hyper-lension; thyroid disease; systemic edema; atomatilis and salivery gland enlargement due to the drug; polymysigle freumatics and temporal arterits; patients receiving other potent chemothers peutic agents, or long-term anticognists; the same of the property of the patients.

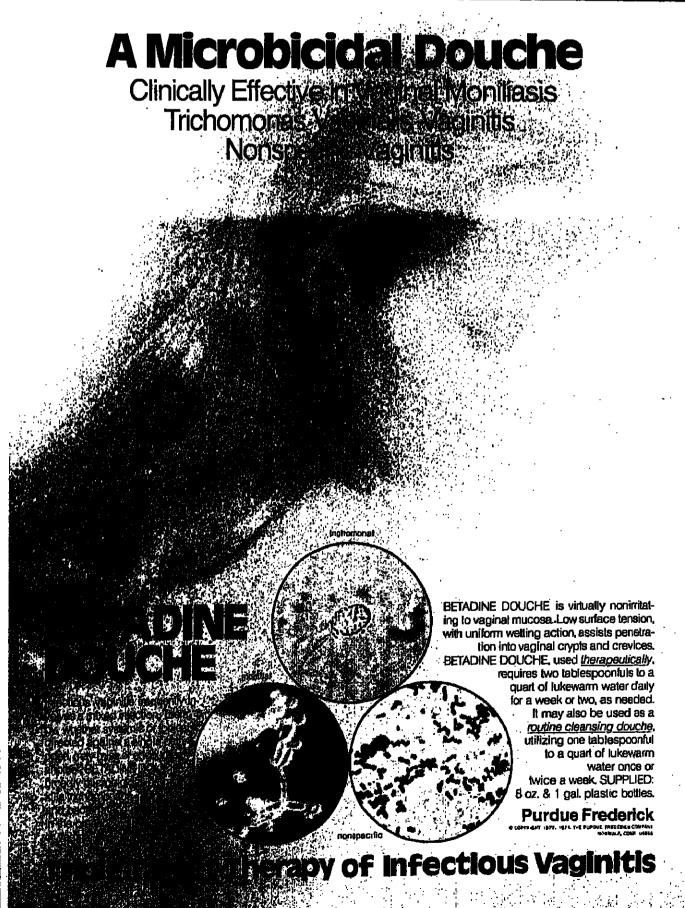
Warnings: Age, waight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affoct incidence of toxic reactions. Carefully instruct and observe the individual patient, capedally the aging (forty years and over) who have increased susceptibility to the lox-folly of the drug. Use lowest effective dosage. Weigh initially underdictable benefits against potential risk of severe, even fatal, radictions. The disease condition itself is unalitated by the drug. Use with osution in first trimester the drug. Use with caution in first immester of pregnancy and in nursing mothers. Drug may appear in cord blood and breat milk. Serious, even tatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immesture forms, or fail in hamatocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNB, adrenals, and G.t. tract has occurred. The drug may potentiate action of ourred. The drug may potentiate action of insulin, sulfonylures, and sulfonamide-type agents. Cerefully observe patients taking these agents. Nontoxic and toxic goliters and myxedema have been reported (the drug reduces indine uplate by the thyrold). Blurred vision can be alonificant toxic. expiration worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing doeage, if edema occurs in patients over sixty, discontinue drug. Presentions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; perfinent laboratory sludies. Caution patients about participating in activity requiring sierinese and coordination, as driving a car, etc. Cases of leutemia have been reported in petients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritio-type pains can be the presenting symptom of leutemia.

Adverse Reactions: This is a potent drug: its misuse oan lead to serious results. Review cietalled information before beginning

therapy. Ulderative osophagitis, acuto and reactivated gastric and duodenal ulcor with perforation and homorrhago, ulcornition and portoration of large bowel, occult G.I. bloeding with anemia, gastritis, epigastric pain, hematemesis, dyapepsia, neusoa, vomiting and diarrhes, abdominal distontion, agranulosyicais, apiastic anemia, hemolytic anemia, anemia due to bloed loas including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, addium and chloride retention. depression, acdium and chloride retention water retention and edems, plasma dilution respiratory alkalosis, metabolic acidosis, latel and nonfatal hapatilis (cholestasis ma respiratory alkaloeis, metabolic acidosis, fatal and nonfatal hepatilis (cholestesis may or may not be prominent), petechiae, purpur without thrombocytopenie, toxio pruritus, arythema nodosum, erythema multiforme. Stevens—Johnson syndrome, Lyell's syndrome (toxio necrotizing epidermotysis), exfoliative dermatilia, serum sickness, hypor sensitivity anglitis (polyarieritis), anaphylacic shock, urticaria, aritralgia, fever, rashes (ali allergio reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrolic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystells due to uricosuric action of drug, impalired due to uricosuric action of drug, impaired renal function, cardiac decompanients. renal function, cardiac decompensation, hypertension, pericarditis, diffuse intersitial myocarditis with muscle necrosis, perivascular granutomets, aggravation of temporal arteritis in patients with polymyalgia rheumatics, optic neuritis, biurrad vision, ratinal hemorrhage, toxic ambiyopia, retinal detachment, hearing loss, hyperglycemis, thyroid hyperplasts, toxic gotter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNB reaction, confusional states, lethargy; CNB reactions associated with overdosage, including convulsions, suphorts, psychosis, depression, headsones, hallucinations, giddiness, vertigo, come, hyperventiation, insomnie; ulcarative siomatitis, salivery gland enlargement. (B)88-148-070-H(10/71)

For complete details, including dosage, please see full prescribing information.

Vivision of CIBA-GEIGY Con



If there's good reason to prescribe for psychic tension...



When, for example, reassurance and counseling on repeated visits are not enough.

Effectiveness is a good reason to consider Valium (diazepam)

After you've decided that the tense, anxious patient can benefit from antianxiety medication, the question remains: which one?

Valium is one to consider closely. One that can help to relieve the psychic tension and anxiety. One that can minimize the patient's overreaction to stress. One that is useful when somatic complaints accompany tension and anxiety. In short, one that can work and work well to help bring the patient's symptoms under control.

Effectiveness. One good reason to consider Valium.

And should you choose to prescribe Valium, you should also keep this information in mind. It is usually well tolerated; side effects most commonly reported have been drowsiness, fatigue and ataxia. Patients taking Valium should be cautioned against operating dangerous machinery or driving.

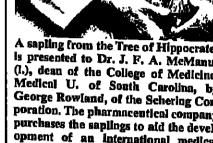
Please turn page for a summary of product information.







Legacy of Hippocrates



A.M.A. Delegates Debate Intern-Resident Seat

can Academy of Pediatrics and the U.S. Public Health Service. It finds the risk of

smallpox in the U.S. "insufficient to justify

the compulsory primary vaccination of

infants and children" because the deaths

attributable to complications of immuni-

zation are more numerous than deaths

On some other issues, the delegates:

from smallpox in recent years.

Other

good reasons to consider

Valium[®]

(diazepam)

Significant improvement usu-

ally becomes apparent during the

first few days of Valium therapy.

more time to establish a clear-cut

severity of seizures. Advise against

simultaneous ingestion of alcohol and other

CNS depressants. Withdrawal symptoms

(similar to those with barbiturates and

discontinuance (convulsions, tremor,

and sweating). Keep addiction-prone

individuals under careful surveillance

lactation or women of childbearing age,

weigh potential benefit against possible

because of their predisposition to

carefully pharmacology of agents

alcohol) have occurred following abrupt

abdominal and muscle cramps, vomiting

habituation and dependence. In pregnancy,

psychotropics or anticonvulsants, consider

employed; drugs such as phenothiazines,

narcotics, barbiturates, MAO inhibitors

and other antidepressants may potentiate

its action. Usual precautions indicated in

patients severely depressed, or with latent

Observe usual precautions in impaired renal

Side Effects: Drowsiness, confusion,

depression, or with suicidal tendencies.

smallest effective amount in elderly and

diplopia, hypotension, changes in libido,

nausea, fatigue, depression, dysarthria,

jaundice, skin rash, ataxia, constipation,

headache, incontinence, changes in

or hepatic function. Limit dosage to

debilitated to preclude ataxia or

oversedation.

Precautions: If combined with other

Some patients may, however, require

Titratable dosage

With Valium, small adjust-

ments in dosage can significantly

alter the clinical response. This

titratability enables you to tailor

your therapy for maximum effi-

2 mg, 5 mg and 10 mg.

ciency. There are three convenient tablet strengths to choose from:

salivation, slurred speech, tremor, vertigo,

hyperexcited states, anxiety, hallucinations,

increased muscle spasticity, insomnia, rage,

sleep disturbances, stimulation have been

reported; should these occur, discontinue

jaundice; periodic blood counts and liver

function tests advisable during long-term

beneficial effect. Adults: Tension, anxiety

and psychoneurotic states, 2 to 10 mg b.i.d.

to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d.

in first 24 hours, then 5 mg t.i.d. or q.i.d. as

needed; adjunctively in skeletal muscle

adjunctively in convulsive disorders, 2 to

patients: 2 to 21/2 mg, 1 or 2 times daily

10 mg b.i.d. to q.i.d. Geriatric or debilitated

initially; increasing as needed and tolerated.

(See Precautions.) Children: 1 to 21/2 mg

t.i.d. or q.i.d. initially, increasing as needed

and tolerated (not for use under 6 months).

of 100 and 500. All strengths also available

Tablets, 2 mg, 5 mg and 10 mg; bottles

in Tel-E-Dose® packages of 1000.

Supplied: Valium* (diazepam)

spasm, 2 to 10 mg t.i.d. or q.i.d.;

Dosage: Individualize for maximum

drug. Isolated reports of neutropenia,

urinary retention, blurred vision.

Paradoxical reactions such as acute

Prompt action

response.

hazard.

Dependable response

predictable.

of which follows:

The psychotherapeutic effect

of Valium (diazepam), characterized

and anxiety, is generally reliable and

Before prescribing, please consult

Indications: Tension and anxiety

complete product information, a summary

states; somatic complaints which are

concomitants of emotional factors;

psychoneurotic states manifested by

depressive symptoms or agitation;

due to acute alcohol withdrawal;

to reflex spasm to local pathology,

symptomatic relief of acute agitation,

tremor, delirium tremens and hallucinosis

adjunctively in skeletal muscle spasm due

spasticity caused by upper motor neuron

disorders, athetosis, stiff-man syndrome,

Contraindicated: Known

6 months of age. Acute narrow angle

patients. Caution against hazardous

alertness. When used adjunctively in

withdrawal may be associated with

occupations requiring complete mental

convulsive disorders, possibility of increase

in frequency and/or severity of grand mal

seizures may require increased dosage of

temporary increase in frequency and/or

standard anticonvulsant medication; abrupt

appropriate therapy.

glaucoma; may be used in patients with

open angle glaucoma who are receiving

convulsive disorders (not for sole therapy).

hypersensitivity to the drug. Children under

Warnings: Not of value in psychotic

tension, anxiety, apprehension, fatigue,

by symptomatic relief of tension

flict of town and gown already had struc-tured the Council of Medical Education so that one of its members has to be "a private practitioner of medicine who is not a faculty member of a medical school nor a member of the staff of a hospital associated with a medical school of uni-

Granted that the idea of intern-resident seats on the councils had been in the works for a year-indeed, as an early resolution from the delegate of the Interns and Residents Section who was first seated a year ago-some of the other delegates here appeared to be having misgivings about recent efforts to bring what has been hailed as the "vigor of youth" into A.M.A. de-

Vote and Term Discussed

So the debate swirled around whether the intern-resident member of a council should have a vote, whether his term should be as long as others', and even whether the whole matter would not better he referred back to the trustees or somewhere that it could be stalled or lost to

The argument was effectively ended when Dr. Eugene S. Ogrod of Sacramento, would "not regard it as blackmail" but

Chronic Urticaria Found Tied to Wide Intolerance To Often Consumed Foods

Continued from page 1 at the 122nd annual meeting of the Amerkan Medical Association.

chronic otitis media.

The patients, Dr. Chao said, fell into

About 70 per cent were intolerant to all or most frequently consumed vegetables and fruits. When these were climihaled from the diet, practically all hives and most associated chronic symptoms subsided in most of these patients.

 About 15 per cent were intolerant to vegetables and fruits and to common c cereals (wheat, rice, and corn) and cane sugar, Patients in this calegory were the most difficult to diagnose and treat.

Approximately 10 per cent were inblerant to the common vagetables and huit and also to fish and shellfish.

Intolerance to milk, beef, pork, chicken. of eggs was farely a cause of the chronic

and pledged to "actively recruit" interns and residents to the A.M.A., whose mem-

give such vaccinations

Calif., the interns and residents' delegate, told his colleagues that he hoped they that if they turned down council participation by young doctors the A.M.A. would "have great difficulty attracting house offi cers" to its ranks.

The delegates, well aware that the nation's 50,000 house officers already have their own fledgling organization under way, responded by posting the required two-thirds vote to change the A.M.A. bylaws and put house officers on both councils. Dr. Ogrod, in turn, thanked them

The associated chronic symptoms included chronic rhinitis, chronic fatigue, recurrent headache, chronic gustrointestinal disorders, dysmenorrhea or hypermenorrhea, frequent upper respiratory infec-tion, chronic cardiac arrhythmias, arthralgias, nervousness, irritability, dizziness, apirin intolerance, severe chest pain, and

"The disease-food intolerance-may have manifested itself by other symptoms long before the appearance of chronic wticaria," said Dr. Chao.

Elimination of the untolerated foods, he said, was always followed by subsidence of both chronic urticaria and the associated chronic symptoms. On the other hand, reintroduction of the offending foods was followed by reappearance of both the urticaria and the associated

Most of the patients showed intolerance to such a wide range of frequently consimed foods that complete climination was impractical or impossible. Most often,

the following categories:

New York-Dr. Malcolm C. Todd was bership has dropped steadily since 1969. chosen here as the new president-elect On a more medical matter, the deleof the American Medical Association. gates reluctantly backed off from the position on smallpox immunization that they A surgeon in Long Beach, Calif., Dr. rodd, 60, is a former president of the adopted last November, which made it the California Medical Association. He physician's choice as to whether he would will succeed Dr. Russell B. Roth of Erie, Pa., in the A.M.A. top office at This time they endorsed a policy essennext year's annual convention. tially the same as advocated by the Ameri-

interference in the practice of medicine," in the words of the strongest measure. The weakened resolution reaffirms A.M.A. protest" over FDA regulations that infringe on physicians' prerogatives, promises "study" of the situation, and pledges the A.M.A. to "continue to work closely" with FDA.

 Approved a statement of concern over a possible opium shortage because of U.S. efforts to wipe out foreign poppy production. The statement displeased at least one delegate, however, because it failed to cal professional endeavor and activities." point out, as he said, that "heroin is Red Renewed their opposition to any state China's main export." legislative moves that would authorize Watered down a spate of resolutions optometrists to diagnose or treat disease that accused the Food and Drug Adminor injury, or use "drugs or medications in istration of "dangerous and meddlesome

• Ducked a chance to support specifically the Equal Rights Amendment to the U.S. Constitution, choosing instead to "continue to advocate equal opportunities for men and women in all phases of medi-

presented to Dr. J. F. A. McManus i.), dean of the College of Medicine, Medical U. of South Carolina, by George Rowland, of the Schering Corporation. The pharmaceutical company purchases the saplings to aid the develpment of an international medical foundation on Cos, Hippocrates' home.

In otitis externa... "special delivery" of therapeutic agents through the wax-exudate barrier... directly to the site of infection

any form for any purpose."

(neomycin undecylenate 0.067%; tyrothricin 0.1%; hydrocortisone alcohol 0.1%; ethylene oxide-polyoxypropyleneglycol

- Antibiotics to combat susceptible bacteria and fungi
- [] Antifungal action of the undecylenate salt of neomycin against Aspergillus and Monilia
- Hydrocortisone to reduce inflammation and pruritus
- Surfactant-penetrant to deliver therapeutic agents directly to the infected area

Penetrating the barrier of wax and exudate, OTALGINE Drops bring antibiotics and steroid directly into contact with the infected tissue, with gratifying results against major otic pathogens, including Pseudomonas aeruginosa, Aspergillus and Monilia. In clinical trials, "Good" to "Excellent" results were reported in 87.8% of 886 cases of otitis externa with 1,149 affected ears.*

BRIEF SUMMARY: Indications: All indications are predicated upon infections due to organisms susceptible to neomycln or tyrothricin, or to the undecylenate salt of neomycln. Otitis Externa (acute and chronic)—Fungal infections (such as Monlia and Aspergillus). Contraor to the undecylenate salt of neomycin. Office Externa facule and coronic)—rongal infections (such as Monilla and Aspergillus). Contraindications: Tuberculous and most viral lesions therpes simplex, vaccinia, and varicella particularly); less common fungal infections (other
than Montha and Aspergillus); hypersensitivity to any of components. Precautions: Use with care in cases of perforated eardrum or longstanding outes media because of possibility of ototoxicity. As with all antibiotics, prolonged use may result in overgrowth of non-susceptible organisms. If superinfection occurs, appropriate measures should be instituted. There are reports in medical literature indicating
increased incidence of persons sensitive to neomycin. Side effects: Apparent allergic reactions with such symptoms as crusting, swelling, vesicular rash of the external canal or increase in discharge reported in 1.2% of patients treated; transient warmth or burning sensation on vestcalar rash of the external canal of increase in discussing expension on instillation, in 2.7% Dosage: 2 to 5 drops, b.i.d. to q.i.d., or the wick method, with the wick moistened b.i.d. to q.i.d., until disease has cleated or inscome static. NOTE: Refrigerate until dispensed. After opening, keep at room temperature; unused contents should be dis-Carded after 14 thays. "BIBLIGGEAPHY AVAILABLE ON REQUEST.

PURDUE FREDERICK TEATRAINT 1913. THE PURDUE PRECERTE COMPANY/ROBBLE, COMA. OLOR

Ser-Ap-Es

INDICATIONS

Esimil Hypertension. (See box warning.)

Ser-Ap-Es
Sased on a review of this drug by the
Sased on a review of Sciences-National
National Academy of Sciences-National
Research Council and/or other information,
FDA has classified the indications as follows:
Effective: Hypertension. (See box warning.)

WARNING
This fixed combination drug is not indicated for initial therapy of hypertension. Hypertension requires therapy titrated to the individual patient if the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The freatment of hypertension is not static, but must be reevaluated as conditions in each patient warrant.

CONTRAINDICATIONS
Esimil
Guanethidine: Known or suspected pheochromo
cyloma; hypersensitivity: frank congestive heart
failure not due to hypertension; patients taking
MAO inhibitors.

MAG inhibitors.

Hydrochiorolniazide: Anuria; hypersensitivity to this or other sulfonamide-derived drugs. The routine use of diureics in an otherwise healthy pregnant woman with or without mild edema is contraincicated and possibly hazardous.

Servapes
Servapes
Reserpine: Known hypersensitivity: mental depression, especially with suicidal tendencies; active peptic ulcer; ulcerative colitis; digitalis intoxication; aortic insufficiency; electroconvulsive therapy.

Hydrochlorothiezide: See hydrochlorothiezide section slove.
WARNINGS
Antihypertensives are potent drugs and can lead to disturbing and serious clinical problems.
Physicians should be familiar with all drugs and their combinations before prescribing, and patients should be warned not to deviate from instructions.

Instructions.

Esimil

Guanothidine: Warn patients about the potential hazard of orthostatic hypotension, which is most marked in the morning and is accentuated by hot weather, alcohol, or exercise. To help prevent fainting, warn patients to sit or lie down with onset of dizziness or weakness, which may be particularly bothersome during the initial period of dosage adjustment and with poatural changes. The potential occurrence of these symptoms may require alteration of previous daily activity. Caution patients to avoid sudden or prolonged standing or exercise while taking the drug.

Concurrent Use with retworks described.

or prolonged standing or exercise while taking the drug.
Concurrent use with rauwoffia derivatives may cause excessive postural hypotension, brady-cardia, and mental depression.

If possible, withdraw therapy 2 weeks prior to surgery to reduce the possibility of vascular collapse and cardiac arreat during anesthesia, if emergency surgery is indicated, administer presnealhetic and anesthetic agents cautiously in reduced dosage and have oxygen, atropines vasopressors, and IV solutions ready for immediate use to treat vascular collapse.

Vasopressors should be used with extreme caution in patients on guenethidine because of the possibility of augmented response and the greater propensity for cardiac arrhythmias. Febrile litness may reduce dosage requirements. Exercise special cars when treating patients with a history of bronchial asthma, since their condition may be aggrevated.

Mydrochivorchiazide, use with caution in severe renal disease, in patients with ranal disease, in patients with ranal disease, in patients with ranal disease, impalied renel function.

Thiazides should be used with caution in patients with impalred renel function.

Thiazides should be used with caution in patients with impalred renel function.

Thiazides should be used with caution or progressive liver disease, since minor alterations of fluid and electrobyle imbalance may precipitate hepatic come.

Thiazides may be additive or potentiative of the action of other antihyperiersive drugs. Potentiation occurs with ganglionic or peripheral.

Senetivity reactions may occur in patients with a history of altergy or bronchial asthma.

The posability of exacerbalion or activation of systemic upper the ported.

spaces of the space of the spac

MAO inhibitors should be avoided or used with extreme caution. Hydralazine: Chronic administration of doses over 400 mg daily may produce an arthritis-like syndrome simulating acute systemic lupus erythermatosus. This may also occur al lower doses. Long-term treatment with steroids may be necessary and residue have been detected many years later. CBC's, L. E. call preparations, and antinuclear antibody titer determinations are indicated before and periodically during prolonged therapy with hydralazine or if the patient develops any unexplained signs or Use MAO inhibitors with acut.

symptoms. Use MAO inhibitors with caution.

section above.

Usage in Pregnancy
Esimil

Guanethidine: The salety of guanethidine for
use in pregnancy has not been established:
therefore, this drug should be used in pregnant
patients only when, in the judgmant of the
patients of the patient.

Hydrochlorothiazide: Usage of thiszides in women of childbearing age requires that the potential benefits of the drug be weighed against its possible hazards to the felus. These hazards include fetal or neonetal jaundice, thrombo-cytopenia, and possibly other adverse reactions which have occurred in the adult. Nursing Mothers
Thiszides cross the placental barrier and appear
in cord blood and breast milk.

in cord blood and breast milk.
Ser-Ap-Es
Reserpine: The salety of reserpine for use in
pregnancy or lactation has not been established;
inerefore, liths drug should be used in pregnant
patients only when, in the judgment of the
physician, its use is deemed essential to the
welfere of the patient. Reserpine crosses the
clacental barrier and appears in breast milk.
Therefore, increased respiratory tract secretions,
nassa congestion, cyanosis, and anorexia may
occur in intents born to mothers treated with
the drug.
Hydralazine: The drug should be used only
when, in the judgment of the physician, it is
deemed essential to the weifare of the patient.
Hydrochforothiazide: See hydrochidrothiazide
section above.

PRECAUTIONS
Esimit
Guanelhidine: The effects of guanelhidine are
Guanelhidine: The effects of guanelhidine are
Guanelhidine: The effects of guanelhidine are
the small and increased gradually in small
increments. Use very cauliquaty in hyperiensives with renat disease with nitrogen retention
coronary disease with insufficiency or recent
myocardial inferction; cerebral vascular disease,
myocardial inferction; cerebral vascular disease,
myocardial inferction; cerebral vascular disease,
especially with encephalopathy; and rising gilt
especially with encephalopathy; and rising gilt
to patients with severe cardiac failure.
In Incipient cardiac decompensation wight
gein or edema may be averted by the adminis
fration of a thiazide. Remember has both
digitalis and guanethidine slow the heart rise.
Peptic vicers or other chronic disorders may be
aggravated by a relative increase in parasympe
thetic tone.
Amphetamine-like compounds, stimulants (95,
ephedrine, methylphenidate), and tricyclic
ephedrine, methylphenidate), and tricyclic
antidepressants (eg. mitriptyline, limbramine,
antidepressants (eg. mitriptyline, limbramine)
designamine) may reduce the hypotensive effect
of guanethidine, Discontinue MAD inhibitors for

because only Ser-Ap-Es adds hydralazine to rauwolfia-thiazide



Ser-Ap-Es does more than control blood pressure in moderate hypertension—it's a therapeutic approach that considers the whole patient. And adding hydralazine to rauwolfia-thiazide

usually permits lower dosage of each component than if prescribed alone.

If there is slight renal impairment. hydralazine helps maintain or increase renal blood flow.

If the patient is stress reactive, the reservine component should have a calming If the patient is uncooperative, Ser-Ap-Es

may be a help because it contains all the medication many patients need in a single

Ser-Ap-Es should be used with caution in patients with advanced renal damage and cerebrovascular accidents. It should be discontinued at the first sign of mental

guanethidine monosulfate 10 mg hydrochlorothiazide 25 mg

because Esimil offers the control-with-convenience so many hypertensives need



Esimil, an equally valuable yet different approach to moderate hypertension, makes sense for many patients because it anticipates future problems while helping to solve present ones.

If the patient is free of organ damage, Esimil may help keep her that way because it provides guanethidine, perhaps the most effective antihypertensive available. And effective lowering of blood pressure takes pressure off target organs.

If the patient forgets things, Esimil may make it easier to remember with once-a-day dosage, feasible in most cases.

Postural hypotension may occur with the use of Esimil, particularly while the drug is being introduced. Like all antihypertensives, Esimil should be given with caution in the presence of severe coronary insufficiency or recent myocardial infarction.

early effective control of hypertension can save lives

indirectional interest in determination of interest in determination of interest in determination of interest in determination of interest interest in determination of interest intere

ACH interest with adequate and intake of interests with adequate and intake of plains in a second interest interests in a second interest in a second in a second interest in a second in a seco

oxcept under extraordinary circumstances (as in liver diseases or renal disease). Ditational hyponatremia may occur in edematous patients in not weather; appropriate therapy is water restriction rather than administration of sail, except on rare instances when the hyponatremia is live-threatening. In actual sait deplation, appropriate replacement is the therapy of choice.

Chrice.

Transient elevations in plasma calcium may occur in patients receiving thioxides, particularly in trose with hyperparathyroidism. Pathological changes in the parathyroid gland have been reported in a few patients on prolonged thioxide therapy.

longes thiszide therapy.

Hyperuricemia may occur or trank gout may be precipitated in certain patients. Insulin requirements in diabetic patients may be increased, decreased, or unchanged Latent diabetes may become manifest during thiszide administration. Thiszide drugs may increase the responsiveness to tubiccurarine. The antihypertensive effects of the drug may be enhanced in the post-sympathectomy patient. Thiszides may decrease arterial responsiveness to no repliephine. This is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

If nitrogen retention indicates onset of pro-gressive renal impairment, consider withholding or discontinuing diuretic therapy. Thiazides may decrease serum PBI levels without signs of thyrold disturbance.

minazides may decrease serum res severs without signs of thyroid disturbance.

Ser-Ap-Es Reserpine: Use cautiously in patients with history of peptic ulcer, ulceralive colitis, or other GI disorders. May precipitate billary coilc in patients with galistones.

Take special care with astirmatics and in hypertensives with renal insufficiency. Use cautiously with digitalis, quinidine, and guanathidine.

Introperative hypotension has occurred in hypertensive patients receiving rauwoiffa preparations, but withdrawal or reserpine does not assure that circulatory instability will not occur in such patients. Hydralazine: Use cautiously in suspected coronary artery or other cardiovascular diseases, cerebral vascular accidents, and advanced renal damage. Postural hypotension may occur, and the pressor response to epinaphrine may be reduced.

Peripheral neuritis, evidenced by paresthesias, numbness, and tingling, has been observed. Published evidence suggests an antipyridoxine effect and addition of pyridoxine to the regimen if symptoms develop.

Blood dyscrasias, consisting of reduction in hemoglobin and red cell count, leukopania, agranulocytosis, and purpura, have been reported rarely. If such abnormalities develop, discontinue therapy. Periodic blood counts are advised during prolonged therapy. Hydrochlorothiazide: See hydrochlorothiazide section above. ADVERSE REACTIONS

Hydrochlorothiazide: See hydrochlorothiazide section above.

ADVERSE REACTIONS

Esimil Guanethidne: Frequent reactions due to sympathetic blockada — dizziness, weakness, iastitude, syncope. Frequent reactions due to unopposed parasympathetic activity — bradycardia, increase in bowel movements, diarrhea (may be severe and necessitate discontinuance of the drug. Other common reactions — inhibition of ajaculation, fluid retention, edema, congostive heart failure. Other less common reactions — dyspnea, tarigue, nausea, vomiting, nocturia, urinary incontinence, dermaittis, scalp hair loss, dry mouth, rise in Bluy, losis of the lids, blurring of vision, parotid tenderness, myalgia, muscle tremor, mela depression, chest pains (angina), chest parestheals, nasal congostion, weight gain, and asthma in susceptible individuals.

Hydrochlorothiazida: Gastroiniestinal—andrexia, gastric irritation, nausea, vomiting, cramping, diarrhea, constipation, jaundice (intrahepatic cholestatic), pencreatitis. Central Nervous System—dizziness, vertigo, parasthesias, headache, xanthopsia. Dermatologic—Hypersensitivity—purpura, photosensitivity, rash, urticaria, necrolizing angiltis, Stevens-Johnson syndromo, and other hypersensitivity reactions. Hematologic—leukopenia, agranulocytosis, thrombologic—leukopenia, agranulocytosis, thrombologic—leukopenia, agranulocytosis, thrombologic reukopenia, aplastic anamia. Cardovascular—orthochalic hypotension may occur and may be potentiated by alcohol, bartiturates, or narcoites. Other—hyperspycomia, glycosuria, hyperuricamia, muscle pasam, weakness, resilessness, Whenever adverse reactions are modorates or severe, reduce dosage or withdraw therapy.

Ser-Ap-Es
Reserpine: Gastrointestinal—hypersecretion; nausea; vomiting; anorexia; diarrhea. Cardiovascular—angine-like symptoms; arrhythmias (particularly when used concurrently with digitalis or quintiline), bradycardia. Cardiral Narvous System—dicated by duli sensorium, deafness, sieucona, uselis, and optic atrophy.

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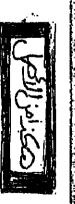
Ser-Ap-Es As determined by individual titration (see box As determined by moividual titration uses box warning).
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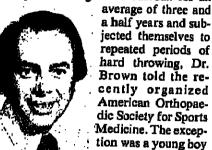
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Las Vegas, Nev. - Osteochondritis dissecans of the capitellum in adolescent boys is the result of repetitive impingement of the radial head against the capitellum secondary to valgus stress, according to a review of 18 cases presented here by Dr. Robert Brown, of White Memorial Hospital, Los Angeles.

With one exception, the patients had participated in organized baseball for an



a half years and subjected themselves to repeated periods of hard throwing, Dr. Brown told the recently organized American Orthopaedic Society for Sports Medicine. The exception was a young boy who practiced tennis

two to three hours a day, five days a week, for a year and a half. In all these cases, he said, there was tremendous valgus strain on the elbow with stretching of the medial collateral ligament and ultimately an impingement of the radial head against the capiteilum.

"We feel that the constant impingement," he said, "is in part responsible for the ultimate breakdown of the surface of the capitellum and the irregularity and hypertrophy of the radial head. Whether this is secondary to, or the cause of, a Robert K. Kerlan, and Frank W. Jobe.

vascular insufficiency, we do not know." The average age at onset of symptoms was 12½ years. The average interval from onset of symptoms to the first visit to a physician was one year, and to surgery (in

15 of the 17 baseball players), three years. The study, Dr. Brown acknowledged, did not investigate the healing of these lesions if they are diagnosed early and the inciting activity is discontinued, although "our young tennis player was diagnosed early, the inciting activity was discon-tinued, and so far he is doing well."

Sees Need for Study

There is a definite need, he emphasized, for a study evaluating the results of early diagnosis, halting the incriminating activity, and nonsurgical treatment.

Only two of the 17 baseball players received a diagnosis of osteochondritis dissecans of the capitellum on their first visit to a physician, Dr. Brown noted, remarking that Little League statistics are apparently unable to identify this disorder.

"By the time the athlete has sought medical attention, he has graduated from Little League and his subsequent disposition is not brought to the attention of the statisticians in the Little League office. However, our series definitely pinpoints the onset of symptoms to be directly related to a period while participating actively in Little Lengue competition."

Coauthors were Drs. Martin E. Blazina,



Of the 18 cases of esteochondritis dissecuns of the capitellum in adolescent hopen ported by Dr. Brown, 17 of them could be traced to periods of hard throwing with participating in Little League baseball. The injury is believed to result from repella impingement of the radial hend against the capitellum secondary to valgus stress.

hibitor, Dr. Morton L. Kurland, reading MEDICAL TRIBUNE. We complimented him on his excellent judgment while he in turn read our badge, then handed us a copy of his paper (fair is fair) and asked us how liked his continuous slide show.

Since not a slide was visible we nervously considered backing away from the booth, but he led us into it to demonstrate that the intrepid Collseum brains had mounted his projector so that you could see the slides only if you flattened yourself against the booth's back wall. And to add confluence to injury, the A.M.A. had misspelled his name.

 One booth grabbed our attention with a collection of beautiful butterflies imbedded in Lucite. Turned out to be the exhibit for Dulcolax: "suppositories . . . to replace the enema." What else could they embed in plastic?

• The National Live Stock and Ment Board booth featured a very glossy rendering of Michelangelo's "David," complete with optional fig leaf. Couldn't figure that one out at all.

• The Ivory Sonp people told us they gave away 6,000 cakes of soap a day.

• (En route to the Coliseum we passed a woman physician at 55th Street and Fifth Avenue, Good news: clutched to her handbag was a copy of MEDICAL TRIN-UNE's guide to a New Yorker's New York. Bad news: she went into Gucci's, which wasn't even mentioned in the guide.)

Our favorite exhibit title was "The Apparently Absent Vagina." Curiously enough, it was presented by the United States Army Medical Department, obviously not the same old army we once knew and hated.

("Apparently?" exclaimed a passing physician to his companion.)

 Our favorite exhibit motto was at the American Urological Association's film exhibit: "ars longa-vita brevis." How the proctologists let that one get away remains a mystery.

• Most frequently overheard remark: "My feet are killing me,"

 While we were watching Dr. Samuel Rosen, on film, discussing acupuncture and demonstrating some of its needles at those unheard are sweeter.")

the Nelwork for Continuous acupuncture

those unheard are sweeter.")

In one of the Merck, Sharp & Dohne "To me this indicates an attitude bereft the Network for Continuing Medical Education exhibit, one of the people connected with the health of the people conucation exhibit, one of the people con-nected with the booth offered to run a film legislation suggesting that any substantial for us on Medical Records, with a Bob elements of the medical profession or of and Ray sequence. Alas, we lacked the time Dr. Rosen was looking well. the public favor death without dignity?" time. Dr. Rosen was looking well.

 Over all, there were too many conputers and too few chairs,

• The Medical Examination Publishing Company had an exhibit of books of test in various specialties and was through with nervously browsing young person ● At the Biomedical Trends booth a des

tail man stopped a passer-by and said, "We're doing a survey on drugs doctor. Could you spare us a few minutes of your

"I'm a radiologist," said the passer-by quickening his pace, "and I know alsofutely nothing about drugs."

 We could swear that one of the plaste models in the cardiopulmonary resuscite tion demonstration ground while it we being resuscitated. · Straws in the wind? The Section on

Family and Cieneral Practice was heavily weighted with exhibits on alcoholism. Also narcotic poisoning, headache, and genatries. The American family?

Ortho's Department of Educations Services had a booth entitled "Sexually in the Medical School Curriculum" and, when we were there, was showing a film called The "Frigid" Wife (kindly note the quotation marks) to an audience of about 14, including standers, which in bad for a small booth. Everything seemed to be working out well for the "fright" wife when we were obliged to leave.

"Would you ask your husband to scratch your back?" the therapist was

 We got the uncasy feeling that a chap whose badge said "Crime Prevention Squad" was eying us suspiciously.

• The exhibit for Debut, "the simplified ear-piercing kit," attracted many • We passed a man scated outside Med. cal Plastics Laboratory's exhibit, making a drawing of a skeleton in the exhibit is

his large sketchbook. "Why the sketch?" we asked. "I'm a free-lance," he answered, "and I'm sketching all over the convention Then I'm going to try to sell them to medical publications. Who buys at yours? • We saw our first moon rock at the Squibb exhibit, and it was full of siles

messages. ("Heard melodies are sweet, his those unheard are sweeter.") system. One had his shoes off and was

wiggling his toes with great happiness: There were no empty seats, and our feet were killing us, so we left.



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Legislation Defining Death Is Scored by Medical Counsel

Washington—No statute or court decision can satisfactorily define the time or criteria of death or the now popular but vague concept of "death with dignity," the general counsel of the Wisconsin Medical Society told the American Medical Association's Fourth National Congress on Medical Ethics here.

"A profession is a social fact, not a leg-shall be determined by the physician who islative creation," said the attorney, Robert

"Any primary dependence on legislation, with its characteristics of compromise and expediency, will ultimately weaken the very foundations of a profession. If legislation is enacted in these areas Ito defino death], how much more of medical practice is going to wind up in the form of

MEDICAL MEETING SCHEDULE

Domestic Meetings

uly 22-27 Southern Obstetric and Gynecologiv, Atheville, N.C.

July 30-Aug 3 American Academy of Clinical
Toxicology, San Diego, Calif.

Aug. 2-4 Rocky Monutain Radiological Society. Department

Aug. 2-5 International Doctors in Alcoholica Anonymous, San Autonio, Tex. Aug. 9-11 ... American College of Surgeons, Boxeman, Moni. Aug. 11-12 ... Association of Philippine Practic-ing Physicians in America, Boston

Aug. 13-16 ... National Medical Association, New York York

Aug. 16-17 ... Midwest Interprofessional Seminar on Disease Common to Animals and Man, Urbana, Ill.

Aug. 17 ... Medic Alert Foundation International, Turiock, Calif.

Aug. 17-18 ... Black Hüls Seminar, Rapid City,

S.D.

Aug. 19-20

Aug. 19-20 ... American Academy of Medical Administrators, Chicago
Amorican Society for Pharmacology and Experimental Therapoutles, Bast Lansing, Mich.
Aug. 20-23 ... American Health Congress, Chicago Aug. 20-25 ... American Health Congress, Chicago Rochester, N. Y.
Aug. 22-25 ... West Virginia State Medical Association, White Sulphut Springs Cation, White Sulphut Springs Moran

statutes or regulations having the force of

Mr. Murphy specifically criticized the Kansas statute on anatomic gifts and the "death with dignity" concept that some legislators would incorporate in law.

A salient clause in the Uniform Anatomical Gift Act, adopted in most states four years ago, was that "the time of death attends the donor at his death or, if none, the physician who certifies the death." Mr. Murphy noted that neither the panel of experts who drafted the model act nor "many others, including at least some of the attorneys knowledgeable in medicolegal affairs," favored determination by legislation of the time or definition death. The Kansas statute making such determination was passed nevertheless in 1970, Mr. Murphy said.

Other "Flaws" Cited

He cited what he called several other "serious flaws" in that statute:

"For one thing, it appears to validate the misconception that there are two possible but separate phenomena of death, one the absence of spontaneous respiratory and cardiac function and the other the absence of spontaneous brain function. Reduced to logical absurdity, does the statute mean that it is possible for the same person to die twice, and therefore at different times?

"Second, as drafted, the . . . statute reads as if it had been set up in part to facilitate organ transplantation.

"Third, the statute appears to distinguish between 'legal' death and 'medical' death. From the viewpoint of both physician and the public, this adds a most regrettable complication to an already confused situ-

The "right to die with dignity" has been proposed by several students of death during the past year or two.

of ordinary good sense," Mr. Murphy commented. "Are the supporters of such

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